Application Received _____

Iowa Tribe of Oklahoma
Tribal Assistance Program
335588 E 750 Rd. Perkins, OK 74059

Phone: (405) 547-2402
Fax: (405) 939-1020
Email: tribalassistance@iowanation.org

Iowa Tribe of Oklahoma
Tribal Assistance Program
Assistance Request

Sign application and provide **all** information. Incomplete applications will not be processed.

Name of Applicant _____Roll #_____
First Middle Last

Address _____
Street or P.O. Box City State Zip

DOB _____Phone# _____Email Address _____

***Please indicate which assistance you are applying for:**

☐ Household Assistance	☐ School Expense Assistance	☐ Education Incentive
☐ Elder Assistance	☐ School Expense - gift cards	☐ Hearing Aid Assistance
☐ Veteran Assistance	☐ High School Senior Assistance	☐ Burial Assistance
☐ Hardship (Household) Assistance	☐ College Expense Assistance	☐ Burial Assistance - Infants

Below, list each vendor and the amount you would like to pay. Total request cannot exceed current assistance balance. Refer to TAP Policy & Procedure for further information.
http://bahkhoje.com/native-services/tribal-assistance-program

$	$
$	$
$	$

_____ _____
Signature (Parent or Guardian if applicant is under 18) **Date**

By signing this application, I indicate that I have reviewed the Tribal Assistance Program Policies & Procedures and agree to abide by them.

Any fraudulent activity will be subject to prosecution.

FOR OFFICE USE ONLY – FUND EXPENSE CODE 0100 900

Balance: $_____ J-J ____ J-D____

Action: Approved_____Denied_____Reason for Denial _____

Pay To: _____Amount To Be Paid: $_____

Processed By: _____Date: _____

Only reimbursement or rent/mortgage payments can be returned to the tribe-all others will be mailed to the vendors. Please initial here if you wish for your check to be picked up at the TAP Office _____.