



2019 Native American Elders and Disabled  
Assistance Program Application

Date: \_\_\_\_\_ **Application deadline is September 13th, 2019**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Birthdate: \_\_\_\_\_

Native American Affiliation: \_\_\_\_\_

**Please check one:**

- \_\_\_\_\_ All Firewood  
\_\_\_\_\_ All Propane  
\_\_\_\_\_ Half Wood and Half Propane

If Propane, please provide:

Company Name: \_\_\_\_\_

Account Holders Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Holiday Food Voucher Program**

Please check if you would like to participate in the following Holiday food vouchers:

- \_\_\_\_\_ Thanksgiving  
\_\_\_\_\_ Christmas

**Please note that you will be required to pick up all food vouchers in person at the tribal office.  
Proof of Identification will be required.**

Comments: \_\_\_\_\_  
\_\_\_\_\_

**By my signature below, I certify that the information in this application and any documents submitted  
in support of my application is true, accurate, and complete to the best of my knowledge.**

Signature: \_\_\_\_\_



UNITED AUBURN INDIAN COMMUNITY  
COMMUNITY GIVING COMMITTEE  
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