

COLORADO RIVER INDIAN TRIBES
GENERAL WELFARE ASSISTANCE POLICY
2025 Adult Application

Name of Tribal Member: _____

Mailing Address: _____

Phone (or best contact number): _____ Enrollment number: _____

Email _____

Please check the boxes below indicating the Eligible Expenses for which you are eligible (Please check all that apply):

<input type="checkbox"/>	Housing Assistance
<input type="checkbox"/>	Health Care Assistance
<input type="checkbox"/>	Food and Clothing Assistance
<input type="checkbox"/>	Transportation/Vehicle
<input type="checkbox"/>	Education Supplies & Fees
<input type="checkbox"/>	Traditional Culture

Please check how you wish to receive the payment: Direct Deposit _____ Check _____

Please certify that you have an income-based need for the assistance: Yes _____ No _____

The Colorado River Indian Tribes Tribal Council wishes to ensure that no tribal member in the community will be without basic fundamental necessities of life. The General Welfare Policy ("Policy") will not completely fund all Tribal Members' financial and other needs, but is designed to lessen the burden of living expenses in everyday lives. It is the intent of the Tribal Council that Assistance payments under the Policy will not be subject to state or federal taxation, and will not reduce fixed income or other benefits of the recipients.

I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand that by signing this application, if I knowingly give false information which results in payment to which I am not entitled, the Tribe may treat the payment as taxable and issue me a Form 1099-MISC.

If applicable, I certify that the Tribal Member has been declared legally incompetent or is serving in the US Military and deployed overseas and that there is a power of attorney or court order that gives me, the legal guardian or Attorney-in-Fact, the power to make these allocations and decisions, a copy of which is attached hereto.

Signature: _____ Date: _____

Signature of Guardian or Power of Attorney (if applicable): _____

Printed Name of Guardian or Power of Attorney: _____

For Office Use Only

CRIT Enrollment Verification: Tribal ID # _____

Date: _____

Name: _____ Signature: _____