



LUMMI INDIAN BUSINESS COUNCIL

2665 KWINA ROAD BELLINGHAM, WASHINGTON 98226 (360) 312-2000

2023 Lummi Nation Basic Needs Distribution Intake Form

This information contained on this form is not for public or any outside agency or entity. This form will be used for LIBC internal use only.

Tribal Member Information

First Name _____ Middle Name _____ Last Name _____

Mailing Address _____ City, State, Zip _____

Lummi Enrollment _____ Last 4-Digits SSN _____ Date of Birth _____

Phone number _____ Email _____

Certification of Basic Needs

I _____ am certifying that I am a Lummi Nation enrolled member.

I hereby accept this basic needs distribution and I will use this assistance to supplement my basic expenses such as paying for rent, utilities, mortgages payment, essential food or supplies, health care, etc.

I agree with the above statement _____
Signature Date

LIBC ACCOUNTING USE ONLY

Check# _____

Authorization to release form attached? No / Yes, Picked up by: _____
Print Name Date

Release check after verified identification Tribal ID/ CIB to check invoice # _____
Initials Date

[Date]

