



# LUMMI INDIAN BUSINESS COUNCIL

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

DEPARTMENT \_\_\_\_\_ DIRECT NO. \_\_\_\_\_

## Lummi Nation Senior (Elder) Distribution Intake Form

This form will be used for internal purposes only within the Lummi Nation to ensure proper identification of those receiving honorary distributions from the Lummi Nation. This form is not an Internal Revenue Service (IRS) form and will not be shared with any outside entity.

\_\_\_\_\_

Last Name, First Name & Middle Initial

\_\_\_\_\_

Lummi Enrollment Number

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date of Birth

By signing this document, I certify that I have an inability to make my monthly living expenses, and/or I am in economic need. I will continue to embrace the responsibility as an elder to preserve, promote and protect our Schelangen by passing on my knowledge, our traditions and practices to future generations.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date