

TRIBAL ELDER APPLICATION

Seneca-Cayuga Tribal Claims Committee

23701 South 655 Road (Hwy 10)
Grove, Oklahoma 74344



Tel: (918) 786-5576
Fax: (918) 786-9245
*DO NOT Mail if Faxing Application

Date: _____

(Must be age 52 or older)

Name: _____

Roll #: _____

Address: _____

Phone #: _____

Check if new address _____

Tribal Elders will be allowed a once in a lifetime payment of \$10,000. Tribal Elders must provide all the listed information to the Seneca-Cayuga Tribal Claims Committee. The Tribal Elder will be allowed \$2,500 each fiscal year following the use of his/her \$10,000 funds.

Documentation needed:

1. ____ Copy of Tribal Membership Card (unless already on file with Claims Committee).
2. ____ Statement of need.
3. ____ Proof of home ownership if applying for home repairs/appliances.
4. ____ Estimates or receipts for repairs.
5. ____ Receipts for any purchases that you wish to be reimbursed for.

Provide Statement of Need:

Member Signature _____ Date _____

***** FOR CLAIMS COMMITTEE USE ONLY *****

Date: _____ Action Taken: Approved _____ Denied _____ Hold _____

Remitted To: _____

Check #: _____ Amount: _____

Balance: _____

Approval: SL _____ RB _____ LS _____ SWO _____ PB _____