



PUEBLO DE SAN ILDEFONSO
DISTRIBUTION FORM FOR TRIBAL MEMBERS
FORM MUST BE RETURNED NO LATER THAN JANUARY 20, 2023

One lump distribution for members of the household listed below

if direct deposit, attach a copy of a VOID check

Name of person receiving lump-sum distribution payment:

Individual payments for members of the household listed below

if direct deposit, attach a copy of a VOID check for each individual member. If a VOID check is not attached paper checks will be mailed to the mailing address below.

Direct Deposit Mail Check Pick up Check (Phone # MUST be provided)

Physical address:

Mailing address:

List all members of household to be included in this distribution (add additional pages if necessary)

Tribal Member	Date of Birth	Enrollment Number (official use only)	Relationship to member
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number:

Email Address:

This form must be signed by all adult members (18 or over)

I authorize the distribution of funds for the above stated members to be made directly to:

(Should be listed as SELF above)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name	Relationship	Signature	Date
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name	Relationship	Signature	Date
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Return form to the Governor's office in person, by Fax (505-455-7351) or email to:
 receptionist@sanipueblo.org