



2024 Native American Elders and Disabled
Assistance Program Application

Date: _____ **Application deadline is September 1, 2024**

Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Physical Address: _____

Birthdate: _____

Native American Affiliation: _____

Please check one:

- _____ All Firewood
_____ All Propane
_____ Half Wood and Half Propane

If Propane, please provide:

Company Name: _____

Account Holders Name: _____

Account Number: _____

Holiday Food Voucher Program

Please check if you would like to participate in the following Holiday food vouchers:

_____ Thanksgiving

_____ Christmas

**Please note that you will be required to pick up all food vouchers in person at the tribal office.
Proof of Identification will be required.**

Comments: _____

**By my signature below, I certify that the information in this application and any documents submitted
in support of my application is true, accurate, and complete to the best of my knowledge.**

Signature: _____



UNITED AUBURN INDIAN COMMUNITY
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