



MENOMINEE INDIAN TRIBE OF WISCONSIN

Department of Administration
P.O. Box 910
Keshena, WI 54135-0910

Dear Tribal Member;

ELDER HEATING ASSISTANCE

The Menominee Indian Tribe of Wisconsin has created this application for enrolled tribal member elders who are 65 years and older as of November 1, 2024 as per Motion by the Menominee Tribal Legislators to receive heating assistance. Please complete the form below in its entirety and understand that any assistance provided is intended to be exempt from taxation under federal law (26 U.S. C. 139E and 139).

Please return this form to the Department of Administration at P.O. Box 910, Keshena, WI 54135 or you may drop it off at the Department of Administration on the 2nd floor of the Tribal Office Building, Keshena, WI 54135.

Full Name (First, Middle, Last Name)	Tribal Enrollment Number
Former or Maiden Name (If applicable)	Date of Birth
Mailing Address (Street, City, State, Zip Code)	<input type="checkbox"/> (Print Name), certify that I have been directly and/or indirectly impacted by COVID-19 pandemic.
	SIGNATURE

Failure to complete all areas of this form will result in the form not being processed for assistance.