

CHAIRMAN
MARSHALL PIERITE
VICE CHAIRMAN
MARSHALL RAY SAMPSON, SR.
SECRETARY-TREASURER
BEVERLY CHAPMAN-RACHAL
COUNCIL MEMBERS
BOBBY PIERITE, SR.
BRENDA W. LINTINGER
JEREMY ZAHN
HAROLD PIERITE, SR.



HEALTH AND HOUSING ASSISTANCE FORM

This form must be returned to:

Beverly C. Rachal, Secretary/Treasurer
Brachal@tunica.org
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351

Under the Tribal General Welfare Exclusion Act of 2014 Tunica-Biloxi tribal members may qualify for Health and Housing Assistance. This Act allows tribal governments to provide financial assistance without tax withholding under certain approved tribal government programs for specific reasons. To qualify, the Act requires that all Tunica-Biloxi tribal members complete this form each year in order to qualify for Health & Housing Assistance. Please take a moment to complete this form in order to apply for the Tunica-Biloxi Health and Housing Assistance Program.

First Name: _____ Last Name: _____ Tribal Roll #: _____

Current address on file with Tribal Government: _____

City, State & Zip Code _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Every Tribal Member MUST be over 18 years of age when they submit their application.

Please provide your Date of Birth: _____

What is the Date of Birth of EACH member of your household? Please list each family member's name and DOB: _____

Do you or any members of your household have a disability? If so, please list the person's name, age, disability diagnosis and assistance that may be required: _____

Please review the below statements and confirm that you understand and agree with each.

Assistance Payments for Housing: I understand that under this program Assistance Payments relative to housing must be used only for principal residences and ancillary structures that are not used in any trade or business or for investment purposes. I understand Assistance Payments are to be used only for the following purposes: to pay mortgage payments, down payments or rent payments (including but not limited to security deposits) for principal residences; to enhance habitability of housing; to provide basic housing repairs or rehabilitation; to pay utility bills and charges (including but not limited to water, electricity, gas and basic communications).

I understand and agree to these purposes. _____

Initials

Assistance Payments for Health: I understand Assistance Payments for health (medical care) must be used only for reimbursement of amounts paid for the following: for the diagnosis, cure, mitigation, treatment or prevention of disease or for the purpose of affecting any structure or function of the body; for transportation primarily for and essential to medical care; for long term care services; and/or for insurance covering medical care or a long-term care insurance contract.

I understand and agree to these purposes. _____

Initials

Tribal Member Signature

Date