HOOPA VALLEY TRIBAL COUNCIL

Hoopa Valley Tribe

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Chairman Joe Davis

2026 Hoopa Valley Tribe General Welfare Assistance Intake Form-ForAdult Members Ages 18 and older

This form will be used for Hoopa tribal internal use only.
This information contained on this form is not for distribution to any outside agency or entity.

Name: _____ _____ Date of Birth: _____

Enrollment No.: _____ Phone No.: _____

Address: _____

City, State, Zip: _____

I am experiencing genuine financial need due to economic inflation and the increased costs of food, fuel, childcare, housing, utilities, medical care, or other essential items as follows (check all that apply):

☐	I (or someone in my household) is experiencing significantly increased costs of food, fuel, childcare, housing, utilities, medical care, or other essential items due to economic inflation
☐	I (or someone in my household) have not received increases in wages or other personal income that are sufficient to keep up with rising costs of food, fuel, childcare, housing, utilities, medical care, or other essential items
☐	I (or someone in my household) is experiencing difficulty providing necessary essential items to myself and my family due to increased and/or rising costs of food, fuel, childcare, housing, utilities, medical care, or other essential items.
☐	I (or someone in my household) is experiencing other financial hardship due to adverse effects of inflation in the economy (Please explain).

I certify that the foregoing is true and correct. I hereby accept this distribution of general welfare assistance, and I will use this assistance to supplement my basic expenses and needs due to the financial hardship resulting from economic inflation, such as paying for rent, utilities, mortgage payments, essential food and supplies, fuel and other transportation costs, childcare, health care, funeral support, and cultural activities. By my signature below, I declare that all of the above statements are true and accurate.

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Signature: _____ Date: _____

Please be advised that this Assistance Intake Form must be completed and returned to percapita@hoopa-nsn.gov or mailed to Hoopa Valley Tribal Fiscal Department, P.O. Box 1348, Hoopa, CA 95546 to determine your eligibility for receipt of the 2026 Hoopa Valley Tribe General Welfare Assistance Distribution.