



The Klamath Tribes Community Services Department Goodwill Application

Date: _____

Name: _____

Mailing Address: _____

Physical Address: _____ How long at this Address _____

Telephone # _____

Roll # _____ Tribe _____

Office Use

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Name of Household Members:	DOB	Amount	Sources of income
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1) Self _____	__ / __ / __	\$ _____	_____
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2) _____	__ / __ / __	\$ _____	_____
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3) _____	__ / __ / __	\$ _____	_____
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4) _____	__ / __ / __	\$ _____	_____
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5) _____	__ / __ / __	\$ _____	_____
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6) _____	__ / __ / __	\$ _____	_____
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If claiming zero income how are you paying your bills? _____

PLEASE LIST **SPECIFIC** ITEMS YOU WOULD LIKE; **example**; for clothing must specify men's, women's; children's boys/girls – dresses, shirts, pants, or jackets etc. Appliances; toaster, coffee pot, etc. If the item you are looking for is not listed on the voucher, it **CANNOT** be purchased. Please mark the box (or boxes) below and list the items you would like to redeem the voucher for on **PAGE 2** and sign.

Clothing Shoes Appliances Household Goods Furniture

Signature: _____

I hereby give my permission to thoroughly investigate my references. I authorize my current employers to disclose to the Community Service Department any reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. I hereby release The Klamath Tribes Community Services Department, my current employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I certify that, to the best of my knowledge, all of my statements made in the Klamath Tribes Goodwill Application are true, complete and made in good faith. I understand that any false statements on this application may disqualify my family and me from the Klamath Tribes Goodwill Program. By signing this application, I am giving my permission for the program staff to access my records necessary to verify information. I understand my rights and agree to carry out my responsibilities as listed above.

Eligible for: \$ _____ **Ineligible reason** _____

Voucher # _____ **Voucher Amount \$** _____

Person preparing voucher	Director's Approval	Date