

AUTHORIZATION FOR ELIGIBILITY INVESTIGATION

Northern Ute Food Distribution Program
P.O. Box 280
Fort Duchesne, Utah 84026
Tele: (435) 722-3674 Fax: (435) 722-3675

I, _____ F.B. # _____
Name

Residing at _____
(Street Address)

_____ City State Zip Code

I hereby authorize The Northern Ute Tribe Food Distribution Program, Certification Specialist to verify my income with the Ute Tribe Pay Roll, Ute Tribe Water Settlement and Ute Tribe Housing Pay Roll Department, also may include any entities outside of the Ute Tribe including self employment. Also other income such as: Checking accounts, Saving accounts, (SSA) Social Security Benefits, or (SSI) Supplemental Security Income, (VA) Veterans Administration and IIM accounts, Department of Work Force Services, Unemployment Benefits, and other facts relevant to my eligibility for participation in the Ute Tribe Food Distribution Program.

I also authorize any person, Partnership, Corporation, Association or Government, State, Agencies processing information on such matters to release such information to the Certification Specialist.

I CERTIFY THAT I HAVE RECEIVED AND READ THE DECLARATION
CONCERNING MY RIGHTS UNDER THE PRIVACY ACT OF 1974.

Signature, _____ Date, _____

Social Security Number, _____

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