

## Mille Lacs Band of Ojibwe Eligible Band Member General Welfare Assistance Program Declination Form

Tribal ID No. 410B			
Print Name			
Mailing Address			
City	_ State	Zip	_
Social Security #	D	eate of Birth	
County of Residence	T	elephone No	
I hereby decline my Eligib	le Band Me	ember General Welfare Assis	stance
Program payment(s) from	date(s)	<b>,</b>	
to,	and I unde	erstand I will not receive this	3
payment(s) in arrears, at a	future dat	e, for this stated time period	•
Signature		Date	
For Notary Public use			
Certificate of Notary Public			
Subscribed and sworn to before me			
thisday of	Si	gnature	
	Co	ommission Expires	
Notary Stamp or Seal			

Fax or Photocopies are not accepted, for additional information; please contact Chris Waite (320)532-7819. Mail to: Mille Lacs Band of Ojibwe

Office of Management and Budget 43408 Oodena Drive Onamia, MN 56359