WHITE MOUNTAIN APACHE TRIBE
LAND ASSIGNMENT FORM

I. APPLICANT INFORMATION

NAME:_____ DATE:_____
LAST, FIRST, MIDDLE, MAIDEN

SOCIAL SECURITY NUMBER:_ ___-_____-_____

MAILING ADDRESS: _____
_____

OCCUPATION:_____ DATE OF BIRTH:_____

LOCATION OF EMPLOYMENT:_____

PHONE NUMBER (WORK):_____(RESIDENCE):_____

MARITAL STATUS (CIRCLE ONE): SINGLE MARRIED DIVORCED OTHER

NUMBER OF DEPENDENTS:_____ DOES THE APPLICANT OWN A HOME?_____

IF SO, GIVE LOCATION & TYPE (HUD, FHA, ETC.):_____
_____

LIST OTHER LANDS WHICH THE APPLICANT IS CLAIMING OR USING (THIS INCLUDES FARMLAND):_____
_____

NAME OF SPOUSE:_____
LIST LANDS WHICH THE SPOUSE IS CLAIMING OR USING:_____
_____

DOES THE SPOUSE OWN A HOME?_____ IF SO, GIVE THE LOCATION & TYPE (HUD, FHA, ETC.):_____
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