



YAKAMA NATION REVENUE ALLOCATION PLAN PROGRAM
INCOME VERIFICATION REQUEST FORM

WARNING: TEN (10) ADVANCE OFFICE BUSINESS DATES REQUIRED

Pick-up at YN Agency

Mail-out to Address

Email

Name:		DATE:	
Enrollment No:			
Address:			
City / State / Zip			
Telephone No:		Email	

Note: Will verify and apply all income received if box is not checked, your information helps speed up the process

RECORDS REQUESTED:

How many months? _____ How many years? _____

Provide as much specific detail as possible to identify the information needed.

SIGNATURE REQUIRED: _____

Official Use Only

RAP Program Employee: _____

Date Received by Office: _____