



CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. Box 159
CROW AGENCY, MT 59022

Head of Household Request

DIRECTIONS: This form is used by individuals who have recently come of age and are now legally considered to be adults. By completing this form, an individual can communicate to the Enrollment & Per Capita Department that the individual would like to be considered "head of household" in order to receive Per Capita checks paid to that individual's name alone.

Section A: Voluntary Hold Request		
1. Enrolled Adult Name (First — M.I. — Last)	2. Date of Birth (MM/DD/YYYY)	3. Enrollment Number (e.g. 202U123456)
Section B: Contact		
1a. Mailing Address: Street or P.O. Box #	1b. City	1c. State
1d. Zip Code		
2a. Street Address: Street # (if different from Mailing Address)	2b. City	2c. State
2d. Zip Code		
3. Home Phone	4. Cell Phone	5. Email Address
Section C: Acknowledgement		
I hereby acknowledge that the above and attached information is true and correct and formally request to be considered head of my own household.		
_____		_____
(SIGNATURE OF APPLICANT OR PARENT/LEGAL GUARDIAN)		(DATE)
Enrollment Office Use Only		
Family Number	Date Entered	Enrollment Staff — Print Name and Sign