



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: \_\_\_\_\_