

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

APPLICATION FOR THE GIFT DEED OF RESTRICTED NATIVE LAND

LANDOWNER: _____ NO. _____ DATE: _____

Application is hereby to GIFT DEED the following described land: _____

_____, containing _____ acres, more or less.

In justification of this application, true statements are made to the following:

1. Date of Birth: _____ Age: _____
2. Social Security Number: _____
3. Marital Status: _____
4. Education: Years in Elementary School _____ High School _____ College _____
5. The following person(s) are dependent upon me for support (Give names, ages, and relationship): _____
6. I am enrolled as an _____ Degree of Native Blood _____
Village Corporation _____ Regional Corporation _____
7. Permanent Address: _____
Phone Number: _____ Best time to be reached: _____
8. The amount of my annual income is \$ _____
9. My income is obtained from the following sources: _____
10. If receiving public assistance grants from the State, or general assistance from the Bureau of Indian Affairs, or funds from the Veteran's Administration, Social Security, or any regular public benefit, state kind and amount (if none, state none).

11. If indebted to the United States, state amount and purpose of indebtedness (if none, state none). _____

12. I (do) (do not) live on or make personal use of the land covered by this application.

13. I request to gift deed this land to: _____
Relationship to me: _____
For the following reasons: _____

Signed this _____ day of _____, 20 _____, I hereby certify that the effect of this application was explained to me and that I fully understand it.

(Applicant Signature)

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Postmaster or Notary Public in and for Alaska
My Commission Expires: _____

Signed this _____ day of _____, 20 _____, I hereby certify that the effect of this application was explained to and fully understood by the applicant. Application hereby recommended for approval.

Realty Officer,
[INSERT TRIBAL OFFICE NAME]

Application hereby approved this _____ day of _____, 20 _____.

 Regional Director, Alaska Region
 Superintendent, Fairbanks Agency