

2024 Verification of Residence Form

Name: _____
(Must be an Adult Tribal Member or HUD Lease Signer)

Contact Number: _____

Service Address: _____
(Name and Address will be verified with Tribal Clerk or Housing Department)

Mailing Address: _____
(If Different from Service Address)

Is this New Service or Address Change?

____ New Service

____ Address Change

If so, Previous Address: _____

Tribal Membership number: M00 _____ Tribal Elder?: Yes _____
(For SCIT Members Only)

Payment Schedule (Elders Exempt)

Option 1/Annual-\$120 _____ Option 2/\$30 per Quarter _____

Option 3/\$60 per Half Year _____ Option 4/\$10 per Month _____

*Payment eligible for Mno-Shkiziwin/Tribal General Welfare Exclusion Act

(Adult Tribal Member or HUD Lease Signer Signature)

Do you currently have a Container at the above Service Address?

____ Yes If Yes, How Many: _____

____ No

(Only 1 container per address, additional containers at resident's expense)

****Service not provided in City of Mt. Pleasant, Village of Rosebush or Wise Township****

For Office Use Only

Elder Status Verified By: _____ Tribal Clerk's Office

Address Verified By: _____ Tribal Clerk's Office
_____ Housing Department

Date Verified: _____

Signed By: _____
(Signed by person verifying the above information)