

Complete this form if you are currently homeless

Red Cliff COVID-19 Health Pandemic Tribal General Welfare Assistance Program

Proof of Homelessness Statement

Information on this form will be used to determine eligibility for the individual who does not have a permanent address, who may be considered homeless, but is currently residing full-time in Bayfield County. Individuals who meet these qualifications must request that the social service program they are affiliated with complete the bottom section of this form.

APPLICANT INFORMATION

Name: _____

Date of Birth: _____

Tribal ID#: _____

Email Address: _____

Phone Number(s): Cell: _____ Work: _____

I understand that this statement is confidential and will only be used by the Red Cliff COVID-19 Health Pandemic General Welfare Assistance Program for the purpose of determining eligibility. I swear under penalty of perjury that the information contained in this application is true and accurate.

Applicant Signature

Date

SOCIAL SERVICE PROGRAM AFFILIATION

Name of Social Service Program: _____

Name of Program Staff: _____

I, _____ (name of staff), hereby testify that the named applicant above is participating in the social service program and is a full-time resident of Bayfield County, who may be considered homeless, and is residing at the following location:

I swear under penalty of perjury that the information contained in this statement is true and accurate.

Staff Signature

Date