

**Complete this form if you do NOT have proof of residency  
(recent household bill - rent, water and sewer, electric, gas, phone, internet, cable)**

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

Proof of Residency Statement

Information on this form will be used to determine eligibility for the individual who recently moved to Red Cliff and/or reside in another individual's home.

**Applicant Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tribal ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ 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

**HEAD OF HOUSEHOLD/LANDLORD INFORMATION**

I testify that the above named person resides with me at my place of permanent residence or resides in a rental property that I own.

Printed Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Date they moved in: \_\_\_\_\_

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

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date