

# Verification of Residence 2016

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)

Tribal Membership number: M00 \_\_\_\_\_ District #: \_\_\_\_\_  
(For SCIT Members Only)

Is this New Service or Address Change?

\_\_\_\_ New Service

\_\_\_\_ Address Change

If so, Previous Address: \_\_\_\_\_

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**(Adult Tribal Member or HUD Lease Signer Signature)**

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

\_\_\_\_ Yes      If Yes, How Many: \_\_\_\_\_

\_\_\_\_ No

**\*\*\*Service requests will be processed on Fridays only\*\*\***

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## **For Office use Only**

Address Verified By:      \_\_\_\_ Tribal Clerk's Office  
   \_\_\_\_ Housing Department

Date Verified: \_\_\_\_\_

Signed By: \_\_\_\_\_  
(Signed by person verifying the above information)