

The Saginaw Chippewa Indian Tribe of Michigan

Tribal Clerk's Office, 7070 East Broadway, Mt. Pleasant, Michigan 48858, Phone: 989.775.4054

Tribal Children's Welfare Program Application Affidavit - ***PRINT CLEARLY***

_____-_____-_____
*Name of Applicant (Parent/Guardian) *Phone Number *Social Security Number M_____
If you have not provided us with a copy of your Social Security Card, please ATTACH Copy of your Social Security Card

being first duly sworn, upon oath according to law, deposes and says: I have personal knowledge of the facts set forth herein.

The child resides at _____
*Street Address Apartment # City State Zip

the mailing address is _____
*Street Address Apartment # City State Zip

During the period of _____ to _____, I provided at least 51% of the support for the following members of The Saginaw Chippewa Indian Tribe of Michigan who are under 18 years of age and physically reside with me at my place of residence at least 51% of the time during the same time period.

COMPLETE THIS FORM IN FULL - INCOMPLETE FORMS WILL NOT BE ACCEPTED

_____/_____/_____-_____-_____
Child's Full Name Birthdate Social Security # M_____
SCIT Membership #

_____/_____/_____-_____-_____
Child's Full Name Birthdate Social Security # M_____
SCIT Membership #

_____/_____/_____-_____-_____
Child's Full Name Birthdate Social Security # M_____
SCIT Membership #

_____/_____/_____-_____-_____
Child's Full Name Birthdate Social Security # M_____
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_____/_____/_____-_____-_____
Child's Full Name Birthdate Social Security # M_____
SCIT Membership #

_____/_____/_____-_____-_____
Child's Full Name Birthdate Social Security # M_____
SCIT Membership #

MUST BE SIGNED AND DATED IN THE PRESENCE OF A NOTARY PUBLIC

*Date *Signature of Applicant's (Parent/Guardian)

Subscribed and Sworn before me, _____, a Notary Public in and for the State of _____, County of _____, do hereby certify that _____ provided proper photo-identification that clearly identifies the person who executed the foregoing instrument as the above named person and said person acknowledged the execution of the foregoing instrument to be his/her act and deed.

Subscribed and sworn to me this ____ day of _____, _____.

*Notary Public Signature
In and for the State of _____
County of _____
My Commission Expires on _____