The Saginaw Chippewa Indian Tribe of Michigan
Tribal Children's Welfare Program Application Affidavit - ***PRINT CLEARLY***
Tribal Clerk's Office, 7070 East Broadway, Mt. Pleasant, Michigan 48858, Phone: 989.775.4054

_____ _____ ____-____-_____ M_____
*Name of Applicant (Parent/Guardian) *Phone Number *Social Security Number *SCIT Membership #

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

*Email _____

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.**

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

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

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

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

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

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

COMPLETE THIS FORM IN FULL. MUST BE SIGNED AND DATED IN THE PRESENCE OF A NOTARY PUBLIC

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

This instrument was acknowledged before me on this _____ day of _____, _____; sworn and subscribed before me by _____.

STATE OF _____)
)**ss.**
COUNTY OF _____)

_____
Notary Public Signature

In and for the State of _____

County of _____

My Commission Expires on _____

Acting in _____ County