

Seneca Nation Disability Services

Statement of Residency

****The person filling out this form must provide Proof of Residency****

Applicant/Recipient: _____ DOB: _____

Tribal Roll #: _____ Phone: _____

To be filled out by landlord/family member/friend:

I, _____
(please print) attest that the above-named

applicant/recipient does in fact reside at _____,
(complete physical address)

which is located on the _____ Territory. The applicant/recipient

lives with/rents from me.
(circle one)

I understand that failure to provide a true and accurate statement may result in the applicant/recipient being denied eligibility or recertification for the SNI Disability Assistance benefit and that I am subject to punishment under all applicable laws within SNI jurisdiction.

Signature: _____ Date: _____

Relationship to Applicant/Recipient: _____

Phone #: _____

Physical Address: _____
(if different than above)

STATE OF NEW YORK)

COUNTY OF _____) ss.:

Subscribed and sworn to before me

this _____ day of _____, 20 _____.

NOTARY PUBLIC