

# Seneca Nation Disability Services

## Statement of Residency

**\*\*The person filling out this form MUST provide Proof of Residency/Original Lease Agreement\*\***  
(Utility bill or postmarked envelope received within the last 30 days)

Applicant/Recipient: \_\_\_\_\_ DOB: \_\_\_\_\_

Tribal Roll #: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I, \_\_\_\_\_ attest that the above-named  
(please print)  
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 Services 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