



## CHIPPEWA CREE TRIBAL TANF PROGRAM

CCT TANF Program  
96 Clinic Road North  
Box Elder, MT 59521  
Phone (406)395-5814  
Fax (406)395-5847

Box Elder Satellite Office  
BE Family Resource Center  
Box Elder, MT 59521  
Phone (406) 352-3271  
Fax (406)352-4695

Havre Satellite Office  
109 W. 2<sup>nd</sup> Street  
Havre, MT 59501  
Phone (406)265-6021  
Fax (406)265-6059

### RESIDENCY VERIFICATION FORM

- I **own** the home I live in (*Owner to fill out owner information*).
- I **rent** the home that I live in (*Landlord or home owner to fill out owner information*).
- I live in this home, but do not pay rent (*Landlord or home owner to fill out owner information*).

CURRENT PHYSICAL ADDRESS	MOVE IN DATE
Home – Address (Number, Street)	(mm/dd/yyyy)
City, State and Zip Code	

I, \_\_\_\_\_, certify the information above is true and correct. If any false statements are made; they may be used against me resulting in penalties up to and including dismissal from Chippewa Cree Tribal TANF Program and loss of re-application rights for three (3) years.

I authorize Chippewa Cree Tribal TANF Program (CCTTP) to contact my landlord for information regarding my tenancy. I further authorize the release of documents or information to CCTTP.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### OWNER /LANDLORD VERIFICATION ONLY

**The above information has been verified and provided by the below authority and is true, accurate and provided solely in response to inquiries which are of legitimate business interest to all parties.**

Name	Phone (please include extension)
Mailing Address	City, State and Zip Code

\_\_\_\_\_  
Owner /Landlord Signature

\_\_\_\_\_  
Date