

Keweenaw Bay Indian Community
Coronavirus Support Program
Address Verification Form
(Must be signed in the presence of a Notary Public)

Name: _____

DOB: _____ SS#: _____ Enroll # _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Physical Address (if different from mailing): _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I certify that I am in need of assistance from the Covid Support Program for one of the following reasons:

- | | |
|---|--|
| <input type="checkbox"/> Rent/Housing Assistance | <input type="checkbox"/> Purchase personal protective equipment |
| <input type="checkbox"/> Emergency needs | <input type="checkbox"/> Currently laid-off/unemployed |
| <input type="checkbox"/> Food Support | |

Print Name: _____

Signature: _____ Date: _____

Certificate of Notary Public

In the State of _____, County of _____ this document was

Signed before me on this _____ date of _____ in the year _____

Notary Signature: _____

Commission Expires: _____

Return form to: **Enrollment Department/Coronavirus Support Program**
16429 Beartown Rd., Baraga MI 49908