



Stockbridge-Munsee Health and Wellness Center Residency Form

PROOF OF LEGAL RESIDENCE APPLICATION – (Signature Must Be Notarized)

Applicant: (Please print name) _____
Last First Middle Initial

The following people are minor children and/or dependents that are members of my household:

APPLICANT AFFIRMATION:

I, the undersigned, swear or affirm that my current legal residence is:

CURRENT
PERMANENT
ADDRESS _____

Street Address Town or City State County

I have resided at the Above Address since: ____/____/____.
month day year

Please check (√) the appropriate box:

I own my home in the county listed above. Other: _____

I rent a property in the county listed above.

Landlord Contact Information: _____
First Name Last Name

Street Address City State Zip Code

Phone (_____) _____
Area Code

I authorize the Stockbridge-Munsee Community to take such action as necessary to verify my statements and establish residency. I agree to promptly notify the Health and Wellness Center if my residence changes.

APPLICANT'S SIGNATURE: _____

(Must sign in the presence of a Notary or PRC staff.)

Signed and sworn (or affirmed) before me this ____ day of _____, _____.

NOTARY PUBLIC
My commission expires _____.

The intentional submission of inaccurate or incomplete information in order to establish eligibility will be regarded as evidence of the intent to defraud the Stockbridge-Munsee Community and may be prosecuted under applicable law.

The Stockbridge-Munsee Health and Wellness Center has the right to investigate possible fraudulent information. This may include the use of a private investigator, phone calls or landlord contact.