## **Keweenaw Bay Indian Community**

Pandemic Economic Relief Fund Payment for Members not residing in Baraga or Marquette Counties

## **Address Verification Form**

(Only necessary if a form has not been previously completed)

Must be signed in the Presence of a Notary Public

Print Name:			
DOB:	_SS#:		_ Enroll #:
Mailing Address:			
City:	_State:	_ Zip:	_County:
Physical Address: (if different than mailing	)		
City:	_ State:	_ Zip:	_County:
Home Phone:		_Cell Phone:	
	nd is intended to h nic. By your signat one-time benefit is	elp households that have eure below, you assert that	experienced an appreciable negative your household has been impacted nt you need to address the public
Signature:		Date:	
Certificate of Notary Public	In the State of_	, County of	, this document
	was signed before me on this day of, in the		
	year		
	Notary Signature:		
	Commission Expires:		