

Keweenaw Bay Indian Community
**Coronavirus Economic Impact Payment Plan for Members
not residing in Baraga, Marquette or Ontonagon counties**

Address Verification Form

**(only necessary if a form had not been completed for
the previous Coronavirus program)**

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 from
mailing): _____

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

Home Phone: _____ Cell Phone: _____

Email: _____

The Coronavirus Economic Impact Payment Program is intended to help households that have experienced an appreciable negative economic impact from the pandemic. By your signature below, you assert that your household has been impacted from the pandemic, and that this one-time benefit is not in excess of the amount you need to address the public health emergency or its negative effects.

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 Economic Impact Plan**
16429 Beartown Rd., Baraga MI 49908