

TULALIP TRIBES CONTRACT HEALTH SERVICES

Verification of Residency/Shared Living Agreement

Name:	Date you moved in:
Phone Number:	Other Number:
Address:	
Mailing Address:	
**If you receive mail in a different city, please explain.	

Name of all adults and children living at this address:

NAME:	BIRTHDATE:	RELATIONSHIP:

You must attach a copy of a utility bill

LANDLORD OF PROPERTY OWNER MUST FILL BELOW:

Landlord or Manager's Name:
Phone Number:
Tenant's Name:
Address of rental or leased unit:
I certify that, to the best of my knowledge, the above tenant resides at this address. This tenant: <input type="checkbox"/> Pays monthly rent (attach most current receipt) <input type="checkbox"/> Resides here for other consideration in lieu of rent. Please explain:

Signature		Date	
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