

# LeChee Chapter



**Jerry L. Williams, President**  
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**Vacant, Secretary/ Treasurer**

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## APPLICATION FOR RESIDENT VERIFICATION

**FY2019**

Date Received: \_\_\_\_\_  
(Office Use Only)

**NAME:** \_\_\_\_\_  
(First) (Middle Initial) (Last)

**SPOUSE:** \_\_\_\_\_  
(First) (Middle Initial) (Last)

**MAILING ADDRESS:** \_\_\_\_\_  
(Home/P.O. Box) (City) (State) (Zip Code)

**PHYSICAL ADDRESS:** \_\_\_\_\_  
(General Location of Your Home)

**Phone Number / Cellular Phone :** ( ) - \_\_\_\_\_ **Number of Years Residing at Home:** \_\_\_\_\_  
(Circle One)

**Email Address:** \_\_\_\_\_

**What will the Verification will be used for?:** \_\_\_\_\_

**ALL APPLICANTS MUST BE A REGISTERED CHAPTER VOTER. NO EXCEPTIONS.**  
**APPLICANTS OVER THE AGE OF 18 YEARS OLD MUST APPLY IN PERSON.**

### ALL APPLICANTS MUST HAVE:

- Drivers License/ Identification Card
- Utility, Gas, etc. billing statement with address provided above.
- Voters Registration Card
- If applicant is living with spouse/relative, applicant MUST provide a hand-written statement by resident.

**NO SOCIAL SECURITY CARDS WILL BE ACCEPTED OR NEEDED**

**MUST provide required documentation otherwise, application will remain in PENDING status**

# HOME DESCRIPTION

**Please Provide Description of Your Resident Structure:**

**Single / Double ,Mobile Home:** \_\_\_\_\_  
(Circle One)

**House:** \_\_\_\_\_

**Rental / NHA / Single Family** \_\_\_\_\_  
(Circle One)

**Hogan:** \_\_\_\_\_

**Other (Duplex, Apartment, Etc. ):** \_\_\_\_\_

\*Please provide main road/highway name and number along with any Mile Marker and be very detailed as possible. You are welcome to provide latitude & longitude coordinates as well. Please use "N" for North when orientating and drawing your map and do not turn page upside down; top of page is ALWAYS North.

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