



Tsaile/Wheatfields Chapter  
 Post Office Box 618  
 Tsaile, Arizona 86556  
 Phone: (928) 724-2220 Fax: (928) 724-2223  
 Email: tsail@navajochapters.org

Tsééhilí

TóDzis'á

Tsézhine

New  Update

**CONTACT INFORMATION FOR PHYSICAL ADDRESS VERIFICATION**

\*Has anyone in your home received a letter from this office before? If YES, list their name & date here: \_\_\_\_\_

Name: \_\_\_\_\_  
FIRST MI LAST (Sr., Jr., III, etc.)

Mailing Address: \_\_\_\_\_  
(PO Box #; HCR # Box #; General Delivery) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(General Description or Location of Your Home or Rural Address House #)

*(If no home or cell phone, please enter: N/A)*

Home Phone (Landline) #: (\_\_\_\_\_) \_\_\_\_\_ Your Cell/Mobile #: (\_\_\_\_\_) \_\_\_\_\_

Spouse/Friend/Relative's Cell/Mobile Msg #: (\_\_\_\_\_) \_\_\_\_\_ Who's Phone? \_\_\_\_\_

Your Email Address: \_\_\_\_\_ Other email: \_\_\_\_\_

Do you Vote? \_\_\_\_\_ Yes or \_\_\_\_\_ No. If Yes, what Chapter? \_\_\_\_\_

If No, are you a \_\_\_\_\_ Minor (Under 18) or \_\_\_\_\_ a non-voter?

\*WHY do you need a verification document? Please be specific. \_\_\_\_\_  
(Ex. School, Work, State ID/Driver's License, Vehicle Registration, Bank Loan, Auto Loan, Voter's Registration, etc.)

**MUST Provide the top 2 of the 5 Required Credential Documents:**

- \_\_\_\_\_ State Issued Driver's License w/ Physical Address
- \_\_\_\_\_ State Issued Identification Card w/ Physical Address
- \_\_\_\_\_ Utility Bill (w/ in last 2 months) w/ Physical Address
- \_\_\_\_\_ County Voters Registration Card w/ Physical Address
- \_\_\_\_\_ Direct TV / Dish Network Bill w/ Physical Address
- \_\_\_\_\_ Cell Phone Bill w/ Physical Address
- \_\_\_\_\_ Vehicle Insurance Card w/ Physical Address

\*Faxed/Xeroxed copies **MUST** be visibly clear and clean and not black or fuzzy\*

**TELL US YOUR STRUCTURE'S DESCRIPTION (below):**

- (X) (Circle the type) What is the color of your resident structure and color of your roof:
- \_\_\_\_\_ Mobile Home: (Single or Double) \_\_\_\_\_
  - \_\_\_\_\_ House (Rental/NHA/Single Family-House) \_\_\_\_\_
  - \_\_\_\_\_ Building (Commercial/Business) \_\_\_\_\_
  - \_\_\_\_\_ Hogan with or without Additions \_\_\_\_\_
  - \_\_\_\_\_ Other (Duplex, Apt., RV, etc.) \_\_\_\_\_

**(For Tsaile/Wheatfields Chapter Staff Only)**

IN-TAKE DATE: \_\_\_\_\_ STAFF: \_\_\_\_\_

COORDINATES: (LAT) \_\_\_\_\_ (LONG) \_\_\_\_\_

Which Chapter is home located? \_\_\_\_\_

Incoming: Walk-in: \_\_\_\_\_ Faxed In: \_\_\_\_\_ Emailed In: \_\_\_\_\_ Mailed In: \_\_\_\_\_

Outgoing: Picked Up: \_\_\_\_\_ Mailed: \_\_\_\_\_ Emailed In: \_\_\_\_\_ Faxed Out: \_\_\_\_\_

When: \_\_\_\_\_ By: \_\_\_\_\_