



Tsaile/Wheatfields Chapter
 Post Office Box C18
 Tsaile, Arizona 86556
 Phone: (928) 724-2220 Fax: (928) 724-2223
 Email: tsaile@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 #: (_____) _____

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?

*WHO will it be addressed to: _____

*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):

- (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: _____