



Little River Band of Ottawa Indians

Resident Tribal Member

PROOF OF RESIDENCY

The Tax Agreement between the Little River Band of Ottawa Indians and the State of Michigan defines a Resident Tribal Member ("RTM") as a Tribal Member whose principal place of residence is located within the Agreement Area. Residency for Tax Agreement purposes requires continuing physical residence within the Agreement Area.

Section 1 - RTM Information

Full Name: _____

Tribal ID# _____ Social Security # _____ Contact # _____

Physical Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: (if different than physical address)

Street: _____ P.O. Box _____

City: _____ State: _____ Zip Code: _____

Section 2 - RTM Certification

I certify that I live within the Agreement Area as defined in the Tax Agreement between the State of Michigan and the Little River Band of Ottawa Indians. I certify that I reside at the above address and I understand that falsifying information may revoke all tax benefits and may incur penalties and a fine of up to \$5,000 or imprisonment for not more than one year, or both, as a result of filing false residency information.

Signature of Resident Tribal Member

Date

Check here and list below to add dependent minors to RTM List (Name and Tribal ID #)

Section 3 - RTM Documentation

RTM must provide two other documents with name and physical address listed above. One of the proofs must be photo identification other than Tribal ID. **Select one document from each column in addition to Tribal ID card.**

Select one document (in addition to Tribal ID):

- ___ Michigan Driver's License
- ___ Michigan Identification Card
- ___ Michigan Voter Registration Card
- ___ Michigan Vehicle Registration
- X Tribal ID Card

Select one document:

- ___ Current utility bill
- ___ Rent or lease contract
- ___ Bank Statement
- ___ Michigan DHS record or correspondence
- ___ Veterans VA record or correspondence
- ___ Medical bill
- ___ Paycheck stub or statement
- ___ Other _____

Tax Office or Enrollment Verification Signature	Date

Tax Office Use Only:	Received Date: _____	
Tax Office Signature: _____	RTM: YES NO	