



**SAGINAW CHIPPEWA INDIAN TRIBE  
RESIDENCY FORM  
RESIDENT TRIBAL MEMBER**

**Attention Tribal Members:**

To verify that you live within the Tax Agreement Area, please complete this form and return it to the Office of Tribal Licensing & Regulations.

**Part 1. Resident Tribal Member or Tribal Entity**

Name:		
Address:		
Street:	P.O. Box:	Telephone:
City:	State:	Zip Code:
Tribal ID Number:	Email Address:	
Social Security Number (Resident Tribal Member) - or- Federal Employer ID No. or TR No. of ME No. (Tribal Entity):		

I certify that I live within the Agreement Area as defined in the Tax Agreement between the Saginaw Chippewa Indian Tribe and the State of Michigan and choose to register as a Resident Tribal Member for Tax Agreement purposes. I certify that I reside at the above address and I understand that falsifying information may revoke all tax benefits and penalties may be incurred as a result of filing false residency information.

\_\_\_\_\_  
Signature of Resident Tribal Member Date

If the application is filled out on behalf of another person because the applicant is a minor or incompetent, complete the following:

\_\_\_\_\_  
Name of person filling out application Date

\_\_\_\_\_  
Relationship to applicant Telephone

Copy of the legal guardianship for the minor or legally incompetent person attached? Yes \_\_\_\_\_ No \_\_\_\_\_

**Notify the Enrollment office within 10 days of your address change.**

Return to: Saginaw Chippewa Indian Tribe  
Office of Tribal Licensing & Regulations  
7500 Soaring Eagle Blvd  
Mt Pleasant, MI 48858  
Office: (989) 775-4105  
Fax: (989) 775-4107  
Email: OTLR@sagchip.org

<u>For Tribal Licensing &amp; Regulations Office Use Only:</u>	
Residency status verified on _____	by _____