



South Puget Intertribal Planning Agency

Workforce Development Program
Residency Statement

I (We) _____
Name of Adult(s)

Live at: _____
Street Address

_____ City _____ State _____ Zip Code

Name of Child(ren): _____

Additional individuals residing in home (use additional sheet of paper if necessary):

I pay monthly rent in the amount of \$ _____ (Write \$0 if you do not pay rent)

I have resided at this address for:

_____ Year(s), _____ Month(s), _____ Week(s), _____ Day(s)

I certify the above information is true and correct and completed to the best of my knowledge. I understand any false information can disqualify me from participating or receiving SPIPA WFD Services.

Signature (Head of Household)

Date

Signature of **Landlord/owner/leaser**

Date

Address of **Landlord/owner/leaser**

()

Phone Number of **Landlord/owner/leaser**