



Little Traverse Bay Bands of Odawa Indians
 Enjiboozbiigeng
 Enrollment Office
 7500 Odawa Circle
 Harbor Springs, MI 49740
 231-242-1520 • 231-242-1521 • 231-242-1522

**ADDRESS VERIFICATION FORM
 LEGALLY INCOMPETENT ADULT**

- Legal Guardian must complete this original form AND have it **notarized**.
- Must provide proof of guardianship.
- This form must be completed every year.
- This Form must be returned with the original signature. No photocopies or faxes of the original signature accepted.
- DO NOT SEPARATE (White & Yellow Form). *If you print from the internet, you only need to send in one form.

I am a Legal Guardian of: _____
Full Name of Adult (Fist, Middle, Last)

Date of Birth: _____ LTBB Citizenship#: _____ Social Security#: _____

If Mail Is Received at a Post Office/Other - Please Also Include the Physical Address.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Township: _____

Phone Number: _____ Email address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Township: _____

To be deemed incompetent a qualified tribal citizen over the age of 18 must be declared incompetent by a court of competent jurisdiction prior to any disbursement of monies to any individuals. His/her guardian must inform the Enrollment Department, with sufficient written evidence, that he/she is the incompetent's legal guardian along with the guardian and incompetent current address(es) prior to the aforementioned disbursement.

If the LTBB Enrollment Office does not receive notification the Per Capita check will be sent to the last known address on file in the Enrollment Office.

 Print Legal Guardian Name Print Full Name of Adult (First, Middle, Last)

 Signature of Legal Guardian Date

NOTARY PUBLIC

Acknowledged before me in _____ County, State of _____

on _____, 20____ by _____
(Legal Guardian Name)

Notary Public Signature AND Printed Name

Stamp/Seal

My Commission Expires on: _____

LTBB Office Use Only. Do Not Write Below This Line.

White Copy – Enrollment: _____ DOE: _____ Yellow Copy – Accounting: _____