



Little Traverse Bay Bands of Odawa Indians  
 Enrollment Office  
 7500 Odawa Circle  
 Harbor Springs, MI 49740  
 (231) 242-1520 ■ (231) 242-1521



**ADDRESS VERIFICATION FORM  
 LEGALLY INCOMPETENT**

- Legal Guardians must complete this original form AND have it **notarized**.
- This form must be updated every year.
- DO NOT SEPARATE.
- Photocopies or Faxes are not accepted.

I am a Legal Guardian of \_\_\_\_\_,  
 Date of Birth: \_\_\_\_\_ Tribal Membership #: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County of Residence: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

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 know address on file in the Enrollment Office.

\_\_\_\_\_  
 Printed Full Name of Adult

\_\_\_\_\_  
 Legal Guardian Printed Name

\_\_\_\_\_  
 Parent/Legal Guardian Signature      Date

**NOTARY PUBLIC**

Acknowledged before me in \_\_\_\_\_ County, State of \_\_\_\_\_, on  
 \_\_\_\_\_ (month/day), 20 \_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public Signature

Stamp/Seal

My Commission Expires on \_\_\_\_\_

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 TO BE COMPLETED BY LTBB STAFF-Do not write below this line.

White Copy: Enrollment \_\_\_\_\_ DOE: \_\_\_\_\_ Yellow Copy: Accounting \_\_\_\_\_  
 Office