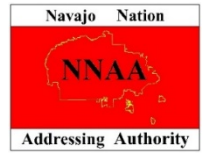




Navajo Nation Addressing Authority
 PO Box 1904; Window Rock, AZ 86515
 Phone: (928) 871-7091/7157/6093 & Fax: (928) 871-7189
 Website: www.nnaa.nndcd.org
 Email: rlsilver@nndcd.org



New Update Add-On

CONTACT INFORMATION FOR PHYSICAL ADDRESS VERIFICATION (PAV):

***Has anyone in your home received a letter from this office before? If YES, list their name & date here: ↓**

Date: _____ Time: _____ AM / PM

Name: _____
 FIRST MI LAST (Sr., Jr., III, etc.)

Spouse's Name: _____
 FIRST MI LAST (Sr., Jr., III, etc.)

Mailing Address: _____
 (PO Box #; HCR # Box #; General Delivery, etc.) (City) (State) (Zip)

Physical Address: _____
 (General Description or Location of Your Home or NM Residences Rural Address House #)

(If no home or cell phone, please enter: N/A)

Home Phone (Landline) #: (_____) _____ Your Cell/Mobile #: (_____) _____

Spouse/Friend/Relative's Cell/Mobile Msg #: (_____) _____ Who's Phone? _____

Your Email Address: _____ Other email: _____

_____ check here to send to your Chapter's Email Address. Provide Chapter's Name: _____

Do you Vote? ___ Yes or ___ No. If Yes, what Chapter? _____

If No, are you a ___ Minor (Under 18) or ___ a non-voter?

***WHY do you need a verification document? Please be specific.** _____

(Ex. School, Work, State ID/Driver's License, Vehicle Registration, Bank Loan, Auto Loan, Voter's Registration, State Tax, etc.)

MUST Provide the top 3 of the 5 Required Credential Documents:

1. ___ **Driver's License or Picture ID w/ your name** (Work, School, Expired, Suspended, Temporary, etc.)
 (If no type of ID is available, please get a reprint of your ID at the MVD or provide a copy of your **Certificate of Birth**)
2. ___ **Utility bill or Equivalent Document** (For those that reside with a relative or friend(s) and don't have their name on a utility bill, use their bill and your name **does not** have to be on the utility bill; County Issued Rural Addressing Certification; Old Chapter Letter Prior to 2017)
3. ___ **Certificate of Indian Blood (CIB)**
4. ___ **County or Tribal Voter's ID/Registration (Optional)**
5. ___ **Social Security Card (Optional) (Black or block out the number)**

*Faxed/Xeroxed copies **MUST** be visibly clear and clean and not black or fuzzy*

TELL US YOUR STRUCTURE'S DESCRIPTION (below):

(X) (Circle the type: ↓) What is the color of your resident structure and color of your roof:

Mobile Home: (Single or Double) _____

House (Rental/NHA/Single Family-House) _____

Building (Commercial/Business) _____

Hogan with or without Additions _____

Other (Duplex, Apt., RV, etc.) _____

Please Draw or Describe your home location on the next page

(For NN Addressing Authority Staff Only)

IN-TAKE DATE: _____ **STAFF:** _____ **Plus Code:** _____

COORDINATES: (LAT) _____ (LONG) _____

FDC Mapping Tool Input Date: _____ **Which Chapter is home located?** _____

Incoming: Walk-in: ___ Faxed In: ___ Emailed In: ___ Mailed In: ___

Outgoing: Picked Up: ___ Mailed: ___ Emailed: ___ Faxed Out: ___ When: _____

*Please **provide main road/highway name and number** along with any Mile Marker/Post and be very detailed as possible. You are welcome to provide Latitude & Longitude coordinates as well. Please use the **“N” for North** when orientating and drawing your map. Please **DO NOT** turn page upside down. The top of page is always **NORTH**. ↑

N

Any additional information/directions: _____

For Auto Loans, please provide your dealer's email address: _____, so that we can send the document to them on your behalf.

For only other family member(s) (*under the same roof*) that need a Physical Address Verification letter, they **MUST** also provide their Full Name and required **ID** (adults) & **Certificate of Birth & CIB** (for minors) as well:

	Name: (First Middle Last)	Mailing Address:	Phone:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____