Shingle Springs Tribal TANF Program
Change of Address

Date: _____

Participant Name: _____

CIF# _____

Please complete this form to change your Physical and/or Mailing address

Prior Address (Physical)

Street: _____

City: _____ State: _____ Zip: _____

Prior Address (Mailing) if different from physical

Street: _____

City: _____ State: _____ Zip: _____

New Address (Physical)

Street: _____

City: _____ State: _____ Zip: _____

Date Change took place: _____

Mailing Address (if different from physical)

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Date Change took place: _____

Please list all members residing in current household	
Name:	Relationship:

Program participants must attach documented proof of change in address by submitting all of the following: new lease or rental agreement, utility bill, SSTT – verification of residency form, Post office mailing address change, and/or any other form of proof that states new address.

I attest that the information stated above is true and accurate. I understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from the SSTT program and/or incur penalties as specified by program policies.

_____ _____

Participant name Signature

_____ _____

Staff signature Date