

State of Arizona - Department of Veterans' Services
Native American Veterans Income Tax Settlement Fund Claim
Residency Statement

Purpose of This Form: A claimant for a settlement payment from the Native American Veterans Income Tax Settlement Fund must substantiate residency on Indian tribal land during the period(s) any Arizona Individual income tax was withheld from active duty military pay. The veteran must be a resident within the boundaries of the Indian member's or the member's spouse's reservation or within the boundaries of lands held in trust by the United States for the benefit of the member or spouse or the member's or spouse's tribe. If the address shown on the claimant's DD Form 214 is not on tribal land, or the claimant cannot establish that the address is on tribal land, or the address was not the claimant's address of record for the entire period for which the claim is being made, the claimant must provide the following statement signed by the claimant and attested by a tribal governor, president or designee of the governor or president.

Veteran's Information

Veteran's First Name and Middle Initial	Last Name	Social Security Number
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Home of record (physical address or description) during period of active duty military service	Dates of Residency From: M M D D Y Y To: M M D D Y Y	Indicate the name of the Indian Tribe in which the address is located
	From: To:	
	From: To:	
	From: To:	

Claimant

Under penalty of perjury, I declare that the address(s) listed above is the home of record established for the claimant (veteran) with the Department of Defense while in active duty military service.

Print Name of Veteran (if deceased, personal representative or legal successor) _____ Signature _____ Date _____

Tribal Governor, President or Designee of the Governor or President

Under penalty of perjury, I attest that each address or physical description of the location of the home of record listed above is located on the Indian tribal land as indicated.

Print Name of Tribal Governor, President, or Designee _____ Title _____

Signature _____ Date _____