## RYAN WHITE PART A, B, AND MAI: PROOF OF RESIDENCY FORM

RESIDENCY ATTESTATION (only accepted after vigorous pursuit of primary source documentation)			
Street Apartment City State Zip Code County Phone	est of my knowledge and belief, the applica	Is it okay for client to receive mail at this address?  Yes  Relationship to client:	
Printed name:		·	
Signature:		Date (MM/DD/YYYY):	
I hereby certify that the information provided on this form is accurate to the best of my knowledge.  Client signature: Date (MM/DD/YYYY):  Mark here if NMCM has documented communication with individual noting that information is being sent to IDOH. In this instance, NMCM can attest on client's behalf.			
NMCM signature:		Date (MM/DD/YYYY):	
Legal First Name Legal Last Name		ATION (required) ate of birth MM/DD/YYYY)	
RESIDENCY DOCUMENTS: check <u>ONE</u> and attach copy (required)			
☐ Indiana Driver's License or State ID (must have a future expiration date) ☐ Utility Bill (electricity, water, cable/internet, or gas bill dated within 30 days)			
☐ Copy of applicant's Indiana Full-Year Resident Income Tax Return for most recent tax year			
☐ Mortgage or lease/rental agreement			
□ Social Security benefits annual award notification letter			
☐ Medical Bills (the bill address must be different from where the client gets supportive services)			
□ BMV Registration/Records			
□ Social Services Mail (FSSA, SNAP, TANF)			
☐ Paystub showing address that includes the most 30 days of work. Must include home address of employee.			
☐ W-2 form(s) of federal tax return for the most recent prior tax year			
☐ Immigrant Exception Statement attesting to the applicant's current Indiana residency and the applicant's intent to remain an Indiana resident for at least 90 consecutive days following the date of the statement. Attests that the applicant's legal residency status is an insurmountable obstacle to providing any of the other forms of residency documentation and signed by both the applicant and the NMCM			
☐ Residency attestation signed within 30 days: complete "Residency Attestation" or "Attestation of Homelessness" section below			

HOMELESSNESS ATTESTATION (only accepted after vigorous pursuit of primary source documentation)			
I attest that, to the best of my knowledge an	d belief, the applicant is experiencing homelessness.		
NMCM signature:	Date (MM/DD/YYYY):		
IMMIGRATION EXCEPTION (only accepted after vigorous pursuit of primary source documentation)			
I attest that, to the best of my knowledge ar citizenship without updated documents.	nd belief, the applicant is undocumented or in the process of obtaining		
NMCM signature:	Date (MM/DD/YYYY):		
	STATEMENT OF FACT (optional)		
Please describe any/all information that may be difficult to capture with the application alone.			