



CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska

Sealaska CARES Act Program
 320 W. Willoughby Way Ste 300 Juneau, AK 99801

Shelter Statement

Client Name	Residence Address	Telephone #
-------------	-------------------	-------------

This form must be completed, signed and dated by the person the client is living with.

- I acknowledge that the above named person is living in my home at the above address
- and is paying monthly rent to me in the amount of: \$ _____
- Does this person contribute to the utilities? yes no (If yes specify amount below)
- Does this person buy food separately? yes no
- Does this person usually eat and prepare meals with you? yes no
- What other household expenses does this person contribute to?

Printed Name of Owner/Primary Renter	Signature
Street Address	Mailing Address
Date	Telephone Contact #

To the Home owner or Primary Renter:

Please complete this form and return it to the Client/Tenant or send the completed form to:

**Central Council
 Tlingit & Haida
 320 W. Willoughby Ste 300
 Juneau, AK 99801**