



**MOAPA BAND OF PAIUTES  
TRIBAL CHILD CARE**

ADDRESS: 700 N. RAINBOW BLVD.  
LAS VEGAS NV 89107  
PHONE: (702) 333-6565  
EMAIL: info@mboptribalchildcare.org

**STATEMENT OF NO INCOME/STATEMENT OF RESIDENCY**

<b>Applicant Name:</b>	<b>Family Number:</b>
<b>Location: Moapa / Las Vegas</b>	<b>Case Manager:</b>

**STATEMENT OF NO INCOME**

I certify that my household has no income at this time. I certify that if this changes, I will inform my counselor of the change within 10 days.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**STATEMENT OF RESIDENCY**

I certify that I do not have any documentation of current residency available at this time. I certify address listed below is my permanent residence. I certify that if this changes, I will inform my case worker this change within 10 days.

Permanent Residence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

