



# NATIVE VILLAGE OF KOTZEBUE KOTZEBUE IRA

## **COLLATERAL CONTACT FORM**

THIS FORM IS TO BE FILLED OUT BY ANYONE WHO IS FAMILIAR WITH YOUR CIRCUMSTANCES AND IS NOT A MEMBER OF YOUR FAMILY OR HOUSEHOLD (Third Party).

### VERIFICATION OF RESIDENCE

This is to verify that: \_\_\_\_\_ (is) / (is not) living at the residence listed below: (FDPIR Applicant's printed name)

\_\_\_\_\_  
(Home Mailing Address and Physical Directions How to Get to Home)

[ ] This is to verify that \_\_\_\_\_ is residing in this household.  
Printed name(s)

### VERIFICATION OF INCOME

This is to verify that \_\_\_\_\_  
(FDPIR Applicant's printed name)

[ ] is employed: \_\_\_\_\_  
(Employer name, address, phone contact information)

[ ] receives earned income from employment in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_

[ ] receives unearned income (GA, PA, SS, etc.) in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_

[ ] is unemployed and has NO income of any kind and has agreed to fill out a "Zero Income Statement (FDP006)."

### THIRD PARTY SIGNATURES

I, \_\_\_\_\_, verify that all the information above given  
(Printed name)  
by me is correct to the best of my knowledge.

\_\_\_\_\_  
(Signature of third party)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mailing or Physical Address, Work/Home phone of third party)

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