

# 2021 Enrolled Tribal Member Certification

# 3504

Your first name	Initial	Last name	SSN	
Mailing address		City	State	ZIP code
Physical address (not a PO Box)		City	State	ZIP code

### Part I Tribal Information

**1** Indian tribe of which you are an enrolled member  Your tribal enrollment number

If you reside on a reservation that is not the same tribe as your enrollment, attach a copy of your tribal enrollment card to this form.

<b>2</b> Reservation(s) on which you resided during the tax year	Dates of residency
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

### Part II Residency Verification

**3** Residency must be verified by a designated person within the tribal government who has received authority from the Tribal Chairperson and/or Tribal Council for this purpose. The designated person must also be on file with the Franchise Tax Board. By personal knowledge, I declare that the above person resided on the tribe's reservation listed in Line 2.

Print name <input type="radio"/>	Title <input type="radio"/>
Signature <b>X</b>	Date <input type="radio"/>

### Part III Income Exemption Information

See General Information section of the form instructions for exemption requirements.

#### 4 Exempt Income Sources

(a) Employer's name or source of exempt income	(b) Physical address of where you worked (if applicable)	(c) Income type (wages, per capita income, etc.)	(d) Amount qualifying as exempt income

### Part IV Residential Property Information

**5** If you own residential property(ies) located outside the boundaries of California Indian country, fill in the information requested below.

<b>Property 1</b>			
Physical address	Property usage (Personal, rental, vacation, etc.)	Who resided in this property?	Dates you resided in property (if applicable)
<b>Property 2</b>			
Physical address	Property usage (Personal, rental, vacation, etc.)	Who resided in this property?	Dates you resided in property (if applicable)

I declare under penalty of perjury under the laws of the State of California that all the information on this form and included with this form is true, correct, and complete.

Print name	Date
Signature <b>X</b>	Date