

EFFECTIVE MAY 2020, all **Proof-Of-Residency** (POR) PACKETS SHOULD BE SUBMITTED AS SCANNED FILES IN PDF FORMAT. THE Division of Community Development - **NN Addressing Authority** IS DOING THIS TO MINIMIZE CONTACT WITH DOCUMENTS SUBMITTED BY Navajo Residents.

DOCUMENTS SCANNED MUST BE LEGIBLE AND WITH All Required Documents. INCOMPELTE SCANNED PACKETS WILL Have To Be Placed In Pending Folder Until All Required Documents Are Received For The Physical Address Verification (PAV) Request. THIS CHANGE IN PROTOCOL IS IN DIRECT RESPONSE TO THE COVID-19 STATE OF EMERGENCY. ALL POR PACKETS ARE TO BE SENT AS ATTACHMENTS TO THE FOLLOWING EMAIL ADDRESS nscott@nndcd.org (928.871.6093) Or rsilver@nndcd.org (928.871.7157)

THANK YOU AND STAY SAFE

REMINDER TO CHAPTERS:

NNAA <u>WILL ONLY</u> provide Physical Address Verifications (PAV) for:

- . State Driver License New or Renewals
- . State Identification Card New or Renewals
- . State Vehicle Registration
- Clear MVD State Citations
- · Purchase Fire Arm
- . US Veterans Department
- Auto & Bank Loans
- Court Orders
- Utility Request

Please Be Advised PAV Document may be requested over the phone under Code-101 conditions

NN Chapters <u>WILL</u> be able to providing Resident Verifications for:

- Donated Food Program
- Schools (Enrollment, Registrations, etc.)
- US Postal Service
- · Food Stamp Program
- . NN/State TANF Program
- LIHEAP Request
- Plasma Donation
- Utility Companies (NTUA, Cont. Divide, etc.)
- NN & County Voter Registration
- . Other minor requests



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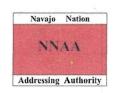
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Navajo Nation Addressing Authority PO Box 1904; Window Rock, AZ 86515

Phone: (928) 871-7091 / 7157 / 6093 & Fax: (928) 871-7189

Website: www.nnaa.nndcd.org Add-On Email: rlsilver-tagaban@nndcd.org



CONTACT INFORMATION FOR PHYSICAL ADDRESS VERIFICATION (PAV):

*Has anyone in your home received a document from this office before? If YES, list their name & date here: *WHY Do You Need a Verification Document? Please Be Specific. (Ex. School, Work, State ID/Driver's License, Vehicle Registration, Bank Loan, Auto Loan, Voter's Registration, State Tax, etc.) Date of this Application Request: Time: AM / PM Full Name: _____ LAST (Sr., Jr., III, etc.) Mailing Address:

(PO Box # | HCR # Box # | General Delivery, etc.) (City) (Zip) Physical Address: ____ (General Description or Location of Your Home or NM Residences Rural Address House #) **PLEASE MAKE SURE THE PHONE NUMBERS ARE ACTIVE AND WORKING** (If no home or cell phone, please enter: N/A) Home (Landline) Phone #: (____) _____ Your Cell/Mobile #: (___) ____ Friend/Relative's Cell/Mobile or Msg #: (____) Your Email Address: Are you a Registered Chapter Member/Voter? Yes No _ If **yes**, what Chapter? _____ If **no**, are you a ____Minor (Under 18) or ____a unregistered Chapter member/voter or non-native? For Auto Loans, please provide your dealer's email address: ______, so that we can send the document to them on your behalf. For Family Members: Must be from the same residence. Only those that need a Physical Address Verification document (not all will need one) and MUST also provide their credentials as well (see list). List as: First Middle Last Name / Relationship / Chapter Affiliation / Cell Phone / Email Address (For NN Addressing Authority Staff Only) IN-TAKE DATE: _____STAFF: _____ Plus Code: _____ COORDINATES: (LAT) _____ (LONG) _____ FDC Mapping Tool Input Date: _____ Which Chapter is home located? _____ Incoming: Walk-in/Drop Off: ___ Faxed: ___ Emailed: ___ Mailed: ___ Outgoing: Picked Up: ___ Faxed: ___ Emailed: ___ Mailed: ___ When: ____

*Please Describe Your Structure You Reside In *

(X) (Circle the type: ♣) What is the color of your exterior structure.	e and color of your roof:
Mobile Home: (Single or Double)	
House (Rental/NHA/Single Family-House)	,
Hogan (With or Without Additions)	
Building (Commercial/Business) Other (Duplex, Apt., RV, etc.)	to the second of
*Please provide Main Road/Highway Name(s) and Number(s) ald	
Marker/Post and be very detailed as possible. You may provide Latit	
coordinates. Please use the "N" for North when orientating and draw	
DO NOT turn page upside down. The top of page is always NORTH	• 1
Please enter your CPS Coordinates	
Please enter your GPS Coordinates: Lat:	
1	
Or Plus Code:	
Any additional information/directions:	

Rock Chapter <whiterock@navajochapters.org>, Whitecone Chapter <whitecone@navajochapters.org>, Wide Ruins Chapters <wideruins@navajochapters.org>
Cc: "M.C. Baldwin" <mcbaldwin@nndcd.org>

Good afternoon Chapters,

We have returned back to work, but we are still **closed** to the Public. We are still getting calls from the public saying our Chapter told us to call Window Rock to request for a PAV or Resident Verification. Since we rely on the Chapters for outreach to their community members, we ask you to assist them as much as possible on our behalf. Do not tell them to go to Window Rock because we are not allowing anyone in the building and we'll just refer them to the online site.

We are relying on Internet technology for contactless purposes and to also alleviate unnecessary travel especially for the elderly. For the safety of our staff and everyone, please refer your community members to our Online PAV Application website at:

https://arcg.is/reDTu (Type or write on piece of paper and give to the requestors)

This can be done on their smartphone, tablet, ar	nd/or Laptop/Desktop	with Int	ernet capability. If they
do not have a smartphone, someone in their fan	nily, relatives, or frienc	ls shou	d be able to assist them.
They also need to upload their credentials in the	application as well.	I am als	so constantly for you
online via Google Hangout Chat, by phone, ema	il, text, or if you prefer	Google	e Meet too if you have
any questions or need assistance. Thank you for	all you do.		

Mask Up * Social Distance * Stop The Spread

Confidentiality Note: This email is covered by the Electronic Communications Privacy Act, 18 U.S.C. 2510-252. This email message and any files transmitted with it may contain information that is privileged, confidential, and exempted from disclosure and is intended only for the person(s) to whom this email message is addressed. If you have received this email message in error, you are hereby notified that any dissemination, distribution or copying of the communication is strictly prohibited by federal law. Please notify the sender immediately by telephone at (928) 871-7157 or email, and destroy the original message.

Phusical Address Verification < recipients,

----- PAV Request Application Form -----

- fill out application - - - - - - - fill out form at: https://arcg.is/reDTu

- don't leave any blank lines

north

- if it does not apply to you, write "N/A" on the line

- send in application with your photo ID

- send in application with your CIB

- send in application with a utility bill of the house that you live in; the mailing address on that bill (regardless if it has your name on it or not) should match the mailing address that you included on the application; if it does not match than give us something else that has your name on it with your current mailing address such as insurance or IHS appointment slip or cell phone bill, etc.

After filling out front page, flip it over and draw a sketch of the houses you live in; indicate on your drawing which house you live in; orient your sketch such that the top of the map is to the

* if you have access to a web-base mapping tool such as GoogleEarth, you may grab the LAT/LONG or decimal degree coordinates of the center of your house that you are staying in; these coordinates can be included in this box

* if a requesting party has obtained a document from NNAA prior to your request, you may obtain the coordinates from that older document as long as you are in the same household * if you are familiar with ' Plus Codes' on the web, you may also use that web resource mapping tool; pluscodes/maps/

NEW: If you have Internet access from your computer, fill out form at: https://arcg.is/reDTu
Hyperlink is also on the: nnaa.nndcd.org website page

After we get your packet, we will screen it and if we have any question, we will be calling you at a reliable contact number on the application; you may scan the application and documents to attach for emailing to the address on top of the application; be advised that there are other staff who will provide a document for you who stay in the office; do not send your packet back to this email address; use the email address on top of the application; you may also visit our website for additional information

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THANK YOU AND STAY SAFE

REMINDER TO CHAPTERS:

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- . State Identification Card New or Renewals
- . State Vehicle Registration .
- . Clear MVD State Citations
- Purchase Fire Arm
- . US Veterans Department
- **Auto & Bank Loans**
- **Court Orders**

GIMC, Local & National Resources

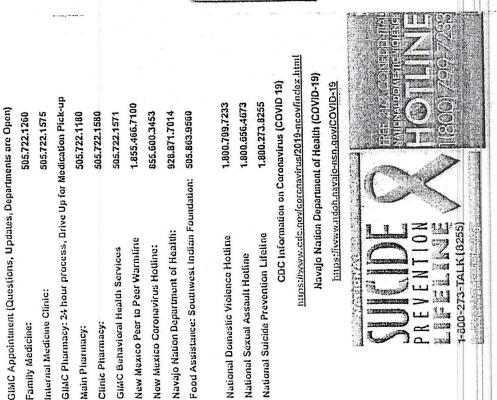
Utility Request

Please Be Advised be requested over the phone under

NN Chapters WILL be able to providing Resident Verifications for:

- **Donated Food Program**
- Schools (Enrollment, Registrations, etc.)
- **US Postal Service**
- Food Stamp Program
- NN/State TANF Program
- LIHEAP Request
- Plasma Donation
- Utility Companies (NTUA, Cont. Divide, etc.)
- NN & County Voter Registration
- Other minor requests

PAV Document may Code-101 conditions



Physical Address Verification Delegation:

NNAA <u>WILL</u> provide Physical Address Verifications (PAV) for any "<u>external</u>" entities for:

- State Driver License New or Renewals
- State Identification Card New or Renewals
- State Vehicle Registration
- Clear MVD State Citations
- · Purchase Fire Arm
- . Utility Companies (NTUA, Cont. Divide, etc.)
- United States Postal Service
- US Veterans Department
- · Auto & Bank Loans
- . Court Orders
- State Tax Filing

NN Chapters <u>WILL</u> provide Resident Verifications for any "<u>internal</u>" Navajo entities unless recommend NNAA to provide:

- NN Food Distribution
- · Schools (Enrollment, Registrations, etc.)
- Food Stamp Program
- . NN TANF Program
- . LIHEAP Request
- · Plasma Donation
- . NN & County Voter Registration
- . NN General Assistance