

Office of the Controller



Change of Address Form for Hardship Assistance

I, the recipient of the Navajo Nation Hardship Assistance, do hereby declared and certify that I changed my address.

Name:

CIB No.:

Date of Birth:

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Contact Phone #:

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New Address:

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This change of address affidavit applies to the following individuals.

Name:	CIB No.:	Date of Birth:	Relationship:

The information I have given is true to the best of my knowledge.

Signature

Date

You can mail the application to: **Office of the Controller, PO Box 3150, Window Rock, AZ 86515**
Or Scan and Email application to: ARPA.Hardship@nnooc.org or drop off at: **Administration Building**