

Resident Tribal Member Application

The Tax Agreement negotiated between the Tribe and the State of Michigan will provide significant benefits to “Resident Tribal Members” who live in the Designated Tax Agreement Areas (see back of this form). Benefits include relief from the State income tax, relief from sales tax on big-ticket items such as cars and home improvement purchases, as well as relief from sales tax on home utilities. Agreement Area Residents who operate businesses within the Tax Agreement areas may also receive tax relief. To become a “Resident Tribal Member”, and receive these benefits, *eligible* Pokagon Band Citizens need to register with the Band’s Finance office by completing this application.

**** It is the Tribal Citizen’s responsibility to make sure this application has been processed before utilizing any of these benefits. ****

RETURN TO : POKAGON BAND FINANCE DEPARTMENT, ATTN: SALES TAX DIVISION, P.O. BOX 180, DOWAGIAC, MI 49047

****Address must match current records in enrollment. Address changes must go through enrollment****

| | |
|---|--------------------------|
| Name: First, M.I., Last | Phone# |
| Physical Address (of your principal residence) | Birth Date |
| City, State, ZIP | Tribal Enrollment Number |
| Mailing Address (if different) | Social security number |
| Please provide information about any business in which you have an ownership interest that operates in Cass, Van Buren, or Berrien County. Please provide | |



Please provide the names, addresses, and account numbers for all companies that supply you with electricity, natural or artificial gas, home heating fuels, and telecommunications (local and long distance services), cable TV, and internet services. (NOTE: Your name must be on the account and the services must be supplied to your permanent residence located in the agreement area.)

| | Provider Name | Provider Address | Account Number |
|---------------------------|---------------|------------------|----------------|
| Electric | | | |
| Natural or Artificial Gas | | | |
| Home Heating Fuels | | | |
| Phone | | | |
| Cable TV or Satellite TV | | | |
| Internet Provider | | | |
| Other (Please specify) | | | |
| Other (Please specify) | | | |
| Other (Please specify) | | | |

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|