

HELPING OUR PEOPLE EXCEL



P.O. Box 167
Concho OK 73022
Phone (405) 422-7580
1-800-247-4612
Fax (405) 422-8246

Residence Verification

Name: [redacted] CDIB #: 2801A [redacted]

Date of Birth: [redacted]

Physical Address: [redacted] City: [redacted]

State: [redacted] Zip code: [redacted]

Phone ( ) [redacted]

Name of person the utility bill/lease is under: [redacted]

Relationship to you: [redacted]

Below please provide a statement as to why the document is not under your name.

[redacted statement area]

I hereby certify that the above statement/information is true.

[redacted signature line]
Signature

[redacted date line]
Date

MUST BE NOTARIZED

- Tribal I.D. Card Roll# 2801A
Other I.D. Type: expires

State of:
County of:
Subscribed and sworn to before me this day of , 2016

Notary Public Signature
My commission expires on: