



**Wyandotte Nation**  
64790 East Highway 60  
Wyandotte OK 74370-2098  
Phone: (918) 678-3268 – FAX: (918) 678-3087  
wyandotte-nation.org



P.L. 102-477 Services Program ~ Home Owner Notarized Statement of Residence<sup>1</sup>

I, \_\_\_\_\_, hereby verify the following information for  
(Home Owner's Name)

\_\_\_\_\_, on this date, \_\_\_\_\_  
(Applicant's Name) (Date)

***** Completed by Home Owner *****	
Information	Initial
I verify that I am at least 18 years of age.	
I verify that I may be contacted regarding my knowledge on this form.	
I verify that the applicant lives at the address below.	

**Applicant's Address:** \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

**Home Owner's Cell Phone Number:** \_\_\_\_\_

**Home Owner's Email Address:** \_\_\_\_\_

\_\_\_\_\_  
(Home Owner's Printed Name) (Home Owner's Signature)

\_\_\_\_\_  
(Applicant's Printed Name) (Applicant's Signature)

***** Notary Public Use Only *****	
Sworn to and subscribed to me this _____ day of _____, 20_____.	
{	}
_____ (Notary Public Signature)	
_____ (Commission Expiration Date)	

<sup>1</sup> This form must be completed in the presence of a Commissioned Notary Public.