



**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 ~ Notarized Statement of Residence<sup>1</sup>

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

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

Information	Initial
I verify that I am at least 18 years of age.	
I verify that I am not a member of the applicant's household.	
I verify that I may be contacted regarding verification of this form.	
I verify that the applicant has lived at the address listed below for at least 20 days.	

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

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

**Verifier's Cell Phone Number:** \_\_\_\_\_

**Verifier's Email Address:** \_\_\_\_\_

\_\_\_\_\_  
(Verifier's Printed Name)

\_\_\_\_\_  
(Verifier's Signature)

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

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

**\*\*\*\*\* Notary Public Use Only \*\*\*\*\***

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

{

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\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Commission Expiration Date)

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