P.O. Box 729
Anadarko, OK 73005
Office: (405)247-8620
Fax: (405)-247-3256

Wichita and Affiliated Tribes
Low-Income Home Energy Assistance Program
Community Service Block Grant Program
Prepare, Prevent, and Respond Assistance Program
General Assistance Program & Social Services Outreach Programs

Time of Arrival to Family & Children Services office

RESIDENCE VERIFICATION

Notarized Statement from Client:

I started living with _____ on _____. I plan to
TENANT NAME MONTH-DAY-YEAR
continue living with this party and reside in_____ county. My current address is
_____, located in _____.
Physical Street Address. Apt #. Lot # CITY, STATE
Under Perjury of law, I am stating that the above information is true and correct.

_____ _____ _____
(Print Client Name) Signature of Client Date

Notarized Statement from Tenant: *TENANT MUST BE HEAD OF HOUSEHOLD*

Under perjury of law, I verify that above information is true and correct.

_____ _____ _____
(Print Tenant name) Signature of Tenant Date