



P.O. Box 167  
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(405) 422-7580  
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Fax: (405) 422-8246  
Email-HOPE@c-a-tribes.org

## Residence Verification

Name: \_\_\_\_\_ CDIB:2801A \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of person the utility/lease is under: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

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 \_\_\_\_\_, 2019

\_\_\_\_\_  
*Notary Public Signature*

*My commission expires on:* \_\_\_\_\_