



DEPARTMENT OF ADMINISTRATION

HOPE PROGRAM

P.O. BOX 167
Concho, OK 73022
Phone (405) 422-7580
Fax (405) 422-8246

hope@cheyenneandrapaho-nsn.gov

Affidavit for 2022

I, _____, hereby authorize the following individual(s) listed below permission to aid myself with the process of applying for assistance through the HOPE Program. I understand the importance of contacting the HOPE Program if I no longer need the following individual(s) support with applying for assistance in my absence. I also fully understand that said individual(s) is fully responsible for providing the HOPE Program with all necessary documentation needed to determine eligibility for program services. The HOPE Program is neither responsible for any miscommunication through myself and below named individual(s), nor responsible for any documents that have not been received in a timely manner or lost. This form will be void at the end of this year, 2021.

Please print legibly the full name of the individual(s) you have selected to assist you and the relationship they have to you. They must provide identification when applying on your behalf, for each application submitted to the HOPE Program for assistance.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Tribal Member Signature

Date

MUST BE NOTARIZED

Notary verified identification by:

Tribal I.D. Card, Roll Number 2801A _____

Other I.D. _____ Type: _____ Expires: _____

State of: _____

County of: _____

Subscribed and Sworn to before me this _____ day of _____, _____.

Notary Public Signature
My commission expires on: _____

