



DEPARTMENT OF ADMINISTRATION  
**HOPE PROGRAM**  
 P.O. BOX 167  
 Concho, OK 73022  
 Phone (405) 422-7580  
 Fax (405) 422-8246  
 hope@cheyenneandrapaho-nsn.gov

### Residence Verification Form

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

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

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Account/Lease Holder's Name: \_\_\_\_\_

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

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

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

*I hereby certify that the above statement and information is true and correct.*

\_\_\_\_\_  
**Client 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: \_\_\_\_\_

\*This form is for HOPE Office use only\*

Info updated in OneTribe by \_\_\_\_\_