



**Osage Nation Financial Assistance Department**

627 Grandview Avenue  
Pawhuska, OK 74056  
Phone: (918) 287-5325  
Fax: (918) 287-5593

**Rental Statement**

**Tenant Name:** \_\_\_\_\_

**LANDLORD/PROPERTY MANAGER INFORMATION**

Last Name:	First Name:	MI:	Date:
Company Name:	Phone:	Email:	
Street Address or PO Box:	City:	State:	Zip:
Have you provided tenant with a Disclosure of Lead Based Paint or Lead Hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you issued an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please give date:			

**RENTAL UNIT INFORMATION**

Street Address or PO Box:	City:	State:	Zip:
Year Constructed:	Number of Bedrooms:		
Type of Housing Unit: <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Other			
Monthly Rent:	Past Due Amount:	Other Amount Due:	Total Amount Due:

By signing this statement, I acknowledge all information provided is true and correct. I certify that I am the legal property owner or property manager; therefore entitled to charge and collect rent. I understand my rental property may be subject to inspection or approval by the Osage Nation. I agree to complete and submit a Form W-9 for tax purposes.

\_\_\_\_\_  
Landlord/Property Manager Signature

\_\_\_\_\_  
Date