



Osage Nation Financial Assistance Department

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

CERTIFICATION OF ADDRESS

I do hereby certify that:

Name: _____
(First) *(Middle)* *(Last)*

is residing at the following address: _____ Address
_____ City, State, Zip

I understand that any action taken by an individual that intentionally misrepresents, conceals, or withholds a material fact for the purpose of establishing or maintaining an applicant’s eligibility for Financial Assistance benefits, is an intentional program violation. If a Financial Assistance staff member believes an individual is withholding or concealing information or receives a report of alleged fraud, the staff reserves the right to refer the case to the Director for further investigation and possible criminal prosecution.

Signature of Addressee *Print Name of Addressee* *Date*

{State of OKLAHOMA}

{County of OSAGE}

On this _____ day of _____, 20__ before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared _____ to me known to be the identical persons and acknowledged to me that they executed the same as their free and voluntary act and deed, for the used and purposes therein set forth.

Given under my hand and seal the day and year last above written.

NOTARY PUBLIC

Commission expiration

Commission number

This form must be accompanied by a current energy (utility, gas, water) bill and a copy of the account holder’s Driver’s License or Photo I.D. Incomplete forms will not be accepted.