Osage Nation Housing Department
627 Grandview Avenue
Pawhuska, OK 74056
Phone: (918) 287-5310
Fax: (918) 287-5568

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? ☐ Yes ☐ No			
Have you issued an eviction notice? ☐ Yes ☐ 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: ☐ Single Family Dwelling ☐ Multi-Family Dwelling ☐ Apartment ☐ Manufactured Home ☐ 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