

# NOTARIZED STATEMENT OF RESIDENCE

Please use this form if you do not have a UTILITY BILL that is in your name. This form will be used solely for the purpose of the Miami Tribe CCDF Program.

NAME OF APPLICANT(S):		
PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
NAME UTILITY BILLS ARE CURRENTLY IN:		

***By signing this form I declare that the information above is true and I understand that any false information is grounds for termination from the Miami Tribe CCDF Program. Please sign below and have notarized.***

\_\_\_\_\_

APPLICANT'S SIGNATURE

Imprint

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Date: \_\_\_\_\_

## 1001. STATEMENT OR ENTRIES GENERALLY

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

June 25, 1948, c. 645, 62, Stat. 749

Address verified to be within service area.

By: \_\_\_\_\_