



**PAWNEE NATION HOUSING AUTHORITY OF OKLAHOMA
EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP)**

P.O. BOX 487
PAWNEE, OK 74058
918-924-7374 or 918-924-7588

**PROOF OF RESIDENCE
LANDLORD STATEMENT**

DATE: _____

NAME OF TENANTS: _____

TENANT FULL ADDRESS: _____

TENANT MOVE-IN DATE: _____

RENTAL AMOUNT: _____

RENT IS PAID: MONTHLY _____ WEEKLY _____ OTHER _____

I attest that the above document is truthful and knowledgeable to my statement by my signature. I acknowledge that falsification of any part of this document is punishable by law

LANDLORD ADDRESS: _____

LANDLORD PHONE #: _____

LANDLORD TAX ID #: _____

LANDLORD NAME (PRINT): _____

LANDLORD SIGNATURE: _____