



Pawnee Nation Housing Authority

Emergency Rental Assistance Program (ERAP)

PO Box 487, Pawnee, OK 74058 * renters@pawneenationhousing.org * 918-762-3454

PROOF OF RESIDENCE LANDLORD STATEMENT

DATE: _____

NAME OF TENANTS: _____

TENANT FULL ADDRESS: _____

TENANT MOVE-IN DATE: _____

RENTAL AMOUNT: _____

RENT IS PAID: MONTHLY _____ WEEKLY _____ OTHER _____

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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 NAME: _____
(As it will appear on the check)

LANDLORD ADDRESS: _____

LANDLORD PHONE #: _____

LANDLORD TAX ID #: _____

LANDLORD SIGNATURE: _____