

VERIFICATION OF NATIVE DIVIDENDS

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of Native Corporation) _____ Date: _____

RE: _____ Applicant/Tenant Name _____ Social Security Number _____ Unit # (if assigned)

I hereby authorize release of my information.

 Signature of Applicant/Tenant _____ Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

 Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY NATIVE CORPORATION

Is the person named above a stock holder member of the Native Corporation? Yes No

If yes, is this member entitled to receive dividends paid out by the Native Corporation? Yes No

If yes, please detail disbursements made to this member in the past 12 months below:

Date of distribution	Amount	Date of distribution	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If this member has dependents that are also entitled to dividend payments please list their names below:

 Representative Signature _____ Representative Printed Name _____ Date

 Phone # _____ Fax # _____ E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

