# 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.

_____
Development Owner/Management Agent

**EMAIL, 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.