



**THE
MUSCOGEE (CREEK) NATION**

Energy Program/Department of Community and Human Services
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David Hill
Principal Chief
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Inadequate/No Air Conditioning Statement

This form must be completed by a landlord, medical professional, housing professional, senior services, or heating and air professional.

Client's Name: _____

Client's Address: _____

I, _____, certify that the above listed client has
(Print Name)
no air conditioning unit or an inadequate air conditioning unit in their home at the address listed above. By signing below, I acknowledge that this statement is true and accurate. Furthermore, I understand that falsifying this document could result in prosecution by the Muscogee (Creek) Nation court system for fraud of a Muscogee (Creek) Nation tribally funded program.

(Print Professional Title)

/_____
(Phone number and Email address)

(Print Name of Employer/Professional Entity)

(Print Address of Employer/Professional Entity)

(Address Line 1)

(Signature)

(Date)