



**THE MUSCOGEE (CREEK) NATION**

Social Services /Department of Community and Human Services  
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DAVID HILL  
PRINCIPAL CHIEF  
DEL BEAVER  
SECOND CHIEF

**Prospective Landlord Statement**

\_\_\_\_\_ is interested in the \_\_\_\_\_ bedroom  
Name of Applicant/Family

House/Mobile Home/Apartment/Duplex, located at:

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip  
Address

The property will rent for \$ \_\_\_\_\_ per month and deposit will be \$ \_\_\_\_\_.

Will the tenant be responsible for paying utilities? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the owner of this property an employee of the Muscogee (Creek) Nation? Yes \_\_\_\_\_ No \_\_\_\_\_

Property Name: \_\_\_\_\_

Manager/Landlord: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone & Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

As the property manager and/or landlord, I have approved an application for this person to rent my property and have agreed to a move in date of \_\_\_\_\_.

By signing below, I confirm/acknowledge:

- The completion of this form is to determine eligibility only.
- This form does not guarantee a payment from the MCN Human Services.
- If I allow the applicant above move in before confirmation from MCN Human Services, the applicant will be responsible for payment should they not be approved by MCN Human Services.
- If occupancy is not made by the applicant I will return all payments received from the MCN Human Services Department back to the MCN Human Services Department.
- If the client moves out, I will, if applicable, return the deposit paid by the MCN Human Services Department back to the MCN Human Services Department.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Manager/Landlord Signature

\_\_\_\_\_  
Date

If the landlord is an employee of Muscogee (Creek) Nation client will not be eligible to receive rental/deposit assistance. By signing this as the landlord and tenant I swear all information is true and correct to the best of my knowledge and agree to all the terms and conditions.