



THE MUSCOGEE (CREEK) NATION

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

Homeless Statement

Date: ____ / ____ / ____

Re: _____
(Applicant/Family - List Everyone)

Due to No Permanent Housing

The applicant/family above has been staying since ____ / ____ / ____ in my home located at:

(Please list physical address with city, state and zip)

Friend/Relative name (print)

(Date)

Friend/Relative (signature)

(Phone Number)

Client (signature)

(Date)

By signing this statement, I agree all information is correct and true, and any falsification will be grounds for denial based on fraud and penalties will apply as noted on the application for assistance.