**Tribal Resource Family Application**

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| **Purpose** |
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| Completion of this form is the first step in the application process for a Tribal resource assessment. This form is processed when all required documentation is received. |

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| Check each type of tribal resource assessment requested | | |
| Tribal Foster Home | Kinship Tribal  Foster Home | |

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|  |
| County of residence |

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| **Tribal Resource Applicant Information** |

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|  |  |  | |  |  |
| First name |  | Middle name | |  | Last name |
|  |  |  | |  |  |
|  | | |  | | Are you a U.S. citizen? |
| Other names used including maiden name | | |  | | Yes  No |
|  | | |  | |  |

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|  | |  |  | | | | | | |  | |  | | | | | | | | | | | |  | Gender | | | | | | | | | | | |  | |  | | | |
| Age | |  | Date of birth | | | | | | |  | | Social Security Number | | | | | | | | | | | |  | Male  Female | | | | | | | | | | | |  | | Race | | | |
|  |  | | |  |  | | | | |  | | |  | | | | | | | | | | |  |  | | | | | | | | | |  | | |  | | | | |
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| Tribe | | | | | | | | | | | | | | | |  | Roll number | | | | | | | | |  | | CDIB number | | | | | | | | | | | | |
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| Cell phone | | | | | | | | | | | |  | | Work phone | | | | | | | | | | | | |  | | Email address | | | | | | | | | | | | | |
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| How many years have you lived in Oklahoma | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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| List each state or country you have lived in within the last five years and dates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |
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| Are you married? | | | | | |  |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | |  | Date of current marriage | | | | | | | | | | | |  | Number of previous marriages | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  |  | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | Advanced degree? | | | | | | | | |  | | |  | | | | | | | | | | |
| Highest grade completed | | | | | | | | |  | | Yes  No | | | | | | | | |  | | | Completion date | | | | | | | | | | |
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| School name | | | | | | | | | | | | | | | | | | | | |  | | | Location | | | | | | | | | | | | | | | | | | |
| Have you served or are you currently serving in the armed forces?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current occupation | | | | | | | | | | | | | | | | | | | | |  | | | Total approximate monthly take-home pay | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | |
| Employer name | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | |
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| Employer address | | | | | | | | | | | | | | | | | |  | City | | | | | | | | | | |  | State | | | | | | | | |  | | ZIP code |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Supervisor’s name | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Supervisor’s phone number | | | | | | | | | | | | | |

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| **Tribal Resource Applicant Information** |

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|  |  |  | |  |  |
| First name |  | Middle name | |  | Last name |
|  |  |  | |  |  |
|  | | |  | | Are you a U.S. citizen? |
| Other names used including maiden name | | |  | | Yes  No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | |  |  | | | | | | |  | |  | | | | | | | | | | | |  | Gender | | | | | | | | | | | |  | |  | | | |
| Age | |  | Date of birth | | | | | | |  | | Social Security Number | | | | | | | | | | | |  | Male  Female | | | | | | | | | | | |  | | Race | | | |
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| Tribe | | | | | | | | | | | | | | | |  | Roll number | | | | | | | | |  | | CDIB number | | | | | | | | | | | | |
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| Cell phone | | | | | | | | | | | |  | | Work phone | | | | | | | | | | | | |  | | Email address | | | | | | | | | | | | | |
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| How many years have you lived in Oklahoma | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
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| List each state or country you have lived in within the last five years and dates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | |
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| Are you married? | | | | | |  |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | |  | Date of current marriage | | | | | | | | | | | |  | Number of previous marriages | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  |  | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | Advanced degree? | | | | | | | | |  | | |  | | | | | | | | | | |
| Highest grade completed | | | | | | | | |  | | Yes  No | | | | | | | | |  | | | Completion date | | | | | | | | | | |
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| School name | | | | | | | | | | | | | | | | | | | | |  | | | Location | | | | | | | | | | | | | | | | | | |
| Have you served or are you currently serving in the armed forces?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current occupation | | | | | | | | | | | | | | | | | | | | |  | | | Total approximate monthly take-home pay | | | | | | | | | | | | | | | | | | |
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| Employer name | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | |
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| Employer address | | | | | | | | | | | | | | | | | |  | City | | | | | | | | | | |  | State | | | | | | | | |  | | ZIP code |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | |
| Supervisor’s name | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Supervisor’s phone number | | | | | | | | | | | | | |

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| **Home Information** |

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|  | | | | |  |  | | |  |  | |  |  | |
| Physical address | | | | |  | City | | |  | State | |  | ZIP code | |
|  | | | | | | | | | | | | | | |
|  | | | | |  |  | | |  |  | |  |  | |
| Mailing address | | | | |  | City | | |  | State | |  | ZIP code | |
|  | | | | | | | | | | | | | | |
| Finding directions to your home | | | | |  |  | | |  |  | |  |  | |
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| Home |  |  | | | | |  |  | |  |  | | |
| Rent  Own |  | Number of rooms | | | | |  | Square footage | |  | Number of bedrooms | | |
|  | | | | | | | | | | | | | | |
|  | | |  |  | | |  |  | |  |  | | | |
| Land line phone | | |  |  | | |  |  | |  |  | | | |

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| **Other Adult Household Members** |

Include relatives and non-relatives residing in your home. All adult household members must be listed. Use additional sheets when necessary.

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|  | | |  |  | | | | |  |  | | |
| First name | | |  | Middle name | | | | |  | Last name | | |
|  | | |  |  | | | | |  |  | | |
| Gender |  |  | | |  |  | | | | |  |  |
| Male  Female |  | Date of birth | | |  | Social security number | | | | |  | Relationship to applicant |
|  |  |  | | |  |  | | | | |  |  |
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| Employer or school name | | | | | | |  | | |  |  |
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| First name | | |  | Middle name | | | | |  | Last name | | |
|  | | |  |  | | | | |  |  | | |
| Gender |  |  | | |  |  | | | | |  |  |
| Male  Female |  | Date of birth | | |  | Social security number | | | | |  | Relationship to applicant |
|  |  |  | | |  |  | | | | |  |  |
|  |  |  | | | | |  |  | | |  |  |
| Employer or school name | | | | | | |  | | |  |  |
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| **Children in the Home** |

Include children, foster children, relatives and non-relatives. All children residing in the home must be listed; add additional sheets as necessary. List a contact person at each school-aged child’s school such as the principal, counselor, or teacher and the person’s contact information. Use additional sheets when necessary.

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|  | | | | |  |  | | | | |  |  | | | |
| First name | | | | |  | Middle name | | | | |  | Last name | | | |
|  | | | | |  |  | | | | |  |  | | | |
| Gender | | |  |  | | |  |  | | | | |  |  | |
| Male  Female | | |  | Date of Birth | | |  | Social security number | | | | |  | Relationship to applicant | |
|  | | |  |  | | |  |  | | | | |  |  | |
|  |  |  | | | | | | | | | | |  |  | |
| Grade |  | School name | | | | | | | | | | |  | School phone number | |
|  |  |  | | | | | | | | | | |  |  | |
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| School official to contact | | | | | | | | |  | School official position | | | | |

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|  | | | | |  |  | | | | |  |  | | | |
| First name | | | | |  | Middle name | | | | |  | Last name | | | |
|  | | | | |  |  | | | | |  |  | | | |
| Gender | | |  |  | | |  |  | | | | |  |  | |
| Male  Female | | |  | Date of Birth | | |  | Social security number | | | | |  | Relationship to applicant | |
|  | | |  |  | | |  |  | | | | |  |  | |
|  |  |  | | | | | | | | | | |  |  | |
| Grade |  | School name | | | | | | | | | | |  | School phone number | |
|  |  |  | | | | | | | | | | |  |  | |
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| School official to contact | | | | | | | | |  | School official position | | | | |

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| First name | | | | |  | Middle name | | | | |  | Last name | | | |
|  | | | | |  |  | | | | |  |  | | | |
| Gender | | |  |  | | |  |  | | | | |  |  | |
| Male  Female | | |  | Date of Birth | | |  | Social security number | | | | |  | Relationship to applicant | |
|  | | |  |  | | |  |  | | | | |  |  | |
|  |  |  | | | | | | | | | | |  |  | |
| Grade |  | School name | | | | | | | | | | |  | School phone number | |
|  |  |  | | | | | | | | | | |  |  | |
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| School official to contact | | | | | | | | |  | School official position | | | | |

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| First name | | | | |  | Middle name | | | | |  | Last name | | | |
|  | | | | |  |  | | | | |  |  | | | |
| Gender | | |  |  | | |  |  | | | | |  |  | |
| Male  Female | | |  | Date of Birth | | |  | Social security number | | | | |  | Relationship to applicant | |
|  | | |  |  | | |  |  | | | | |  |  | |
|  |  |  | | | | | | | | | | |  |  | |
| Grade |  | School name | | | | | | | | | | |  | School phone number | |
|  |  |  | | | | | | | | | | |  |  | |
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| School official to contact | | | | | | | | |  | School official position | | | | |

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|  | | | | |  |  | | | | |  |  | | | |
| First name | | | | |  | Middle name | | | | |  | Last name | | | |
|  | | | | |  |  | | | | |  |  | | | |
| Gender | | |  |  | | |  |  | | | | |  |  | |
| Male  Female | | |  | Date of Birth | | |  | Social security number | | | | |  | Relationship to applicant | |
|  | | |  |  | | |  |  | | | | |  |  | |
|  |  |  | | | | | | | | | | |  |  | |
| Grade |  | School name | | | | | | | | | | |  | School phone number | |
|  |  |  | | | | | | | | | | |  |  | |
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| School official to contact | | | | | | | | |  | School official position | | | | |

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| First name | | | | |  | Middle name | | | | |  | Last name | | | |
|  | | | | |  |  | | | | |  |  | | | |
| Gender | | |  |  | | |  |  | | | | |  |  | |
| Male  Female | | |  | Date of Birth | | |  | Social security number | | | | |  | Relationship to applicant | |
|  | | |  |  | | |  |  | | | | |  |  | |
|  |  |  | | | | | | | | | | |  |  | |
| Grade |  | School name | | | | | | | | | | |  | School phone number | |
|  |  |  | | | | | | | | | | |  |  | |
|  | | | | | | | | |  |  | | | | |
| School official to contact | | | | | | | | |  | School official position | | | | |

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| **Children Under 18 Years of Age Not Living in the Home** |

List each applicant’s child under 18 years of age not living in the home and explain why he or she does not reside in the home.

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|  |  |  | | |  |  | | |  |  |
| First name |  | Middle name | | |  | Last name | | |  | Date of birth |
|  |  |  | | |  |  | | |  |  |
|  | | |  |  | | |  |  |  |  |
| Address | | |  | City | | |  | State |  | ZIP Code |
|  | | |  |  | | |  |  |  |  |
| Reason out of home | | |  |  | | |  |  |  |  |
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|  |  |  | | |  |  | | |  |  |
| First name |  | Middle name | | |  | Last name | | |  | Date of birth |
|  |  |  | | |  |  | | |  |  |
|  | | |  |  | | |  |  |  |  |
| Address | | |  | City | | |  | State |  | ZIP Code |
|  | | |  |  | | |  |  |  |  |
| Reason out of home | | |  |  | | |  |  |  |  |
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| First name |  | Middle name | | |  | Last name | | |  | Date of birth |
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| Address | | |  | City | | |  | State |  | ZIP Code |
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| Reason out of home | | |  |  | | |  |  |  |  |
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| **Additional Information** |

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| In what school district do you reside? | |
|  | | |
| Do you home school any child? | | Yes  No |
|  | | |
| Have you ever applied to foster, adopt, or provide child care? |  | Yes  No |
|  |  |  |
| If yes, list the name and agency address or person who facilitated your application |  |  |
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| Have you or any household member: | | |  | |
|  | | |  | |
| * Had any criminal charges filed or been arrested? | | |  | Yes  No |
|  |  | |  |  |
|  | | If yes, explain: |  |  |
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|  |  | |  |  |
| * Entered a plea of guilty or nolo contendere to a crime? | | |  | Yes  No |
|  |  | |  |  |
|  | | If yes, explain: |  |  |
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| * Received counseling or inpatient treatment? | | |  | Yes  No |
|  |  | |  |  |
|  | | If yes, explain: |  |  |
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|  |  | |  |  |
| * Been investigated for child abuse or neglect? | | |  | Yes  No |
|  |  | |  |  |
|  | | If yes, explain: |  |  |
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| **References** |

List five personal references, only one of whom is a family member.

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| First name |  | M.I. |  | Last Name | | |  | Phone number | | |
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| Address | | | | |  | City |  | State |  | ZIP Code |
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| Relationship | | | | |  |  |  |  |  |  |

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| First name |  | M.I. |  | Last Name | | |  | Phone number | | |
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| First name |  | M.I. |  | Last Name | | |  | Phone number | | |
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| Relationship | | | | |  |  |  |  |  |  |

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| First name |  | M.I. |  | Last Name | | |  | Phone number | | |
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| First name |  | M.I. |  | Last Name | | |  | Phone number | | |
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| Relationship | | | | |  |  |  |  |  |  |

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| **Adult Children** |

List each applicant’s children 18 years of age or older. Use additional sheets when necessary.

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| First name |  | M.I. |  | Last Name | | | | |  | Phone number | | |
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| Address | | | | |  | City | | |  | State |  | ZIP Code |
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| Do you have contact with this adult child?  Yes  No | | | | | | |  |  |  |  |  |  |

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| First name |  | M.I. |  | Last Name | | | | |  | Phone number | | |
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| Address | | | | |  | City | | |  | State |  | ZIP Code |
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| Do you have contact with this adult child?  Yes  No | | | | | | |  |  |  |  |  |  |

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| First name |  | M.I. |  | Last Name | | | | |  | Phone number | | |
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| Address | | | | |  | City | | |  | State |  | ZIP Code |
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| Do you have contact with this adult child?  Yes  No | | | | | | |  |  |  |  |  |  |

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| First name |  | M.I. |  | Last Name | | | | |  | Phone number | | |
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| Address | | | | |  | City | | |  | State |  | ZIP Code |
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| Do you have contact with this adult child?  Yes  No | | | | | | |  |  |  |  |  |  |

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| First name |  | M.I. |  | Last Name | | | | |  | Phone number | | |
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| Address | | | | |  | City | | |  | State |  | ZIP Code |
|  | | | | |  |  | | |  |  |  |  |
| Do you have contact with this adult child?  Yes  No | | | | | | |  |  |  |  |  |  |

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| **Acknowledgement** |

I, the undersigned, have provided accurate information and authorize Choctaw Nation of Oklahoma, Children and Family Services (CFS), to use this information, including the national criminal background investigation, all applicable out of state child abuse and neglect registry checks, an Oklahoma child abuse and neglect information systems check, a CFS child abuse and neglect information systems check, and all accompanying records, in completing an assessment of the application. I further authorize CFS to contact references and contact me by email. I understand that failure of all household members of 18 years of age and older to sign this form will result in denial or withdrawal of the application.

I state that the information is true and correct to the best of my information and belief.

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| Applicant signature |  | Date |

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|  |  |  |
| Applicant signature |  | Date |

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| --- | --- | --- |
|  |  |  |
| Other adult household member signature |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Other adult household member signature |  | Date |