



# LANDLORD STATEMENT

Participants Name
Co-Applicant (if applicable)
Physical Address
City, State, Zip Code

By signing below, I \_\_\_\_\_, landlord of the above mentioned property am agreeing that any appliances the Housing Authority of the Choctaw Nation (HACNO) provides belong to the tenant(s) named above and they may remove them from the property if they are to move.

Signature (Landlord)
Address (Landlords Address)
Phone
Date

This document was signed/ attested before me on \_\_\_\_\_,  
(Date)  
by \_\_\_\_\_.  
(Landlords Name)

(Seal/Stamp)

\_\_\_\_\_  
(Signature of Notary Officer)

My commission expires-\_\_\_\_\_

My commission number-\_\_\_\_\_