

Chugachmiut
1840 Bragaw Street Suite 110
Anchorage, AK 99508
PHONE: (907) 562-4155 or (800) 478-4155
FAX: (907) 563-2891 or (800) 793-2891

LANDLORD/SHELTER STATEMENT

This form certifies that (applicant name) _____ resides at the following physical address (do not enter a post office box number):

ADDRESS: _____

and pays \$ _____ per month for rent.

Utilities are Included in the rent amount above
 Not included in the rent amount above, and must share costs:
(if there is a charge for the items below, an invoice must be attached)

\$ _____ Electricity
\$ _____ Telephone
\$ _____ Heat/Oil/Fuel
\$ _____ Water/Sewer

I certify that the above information is correct and true to the best of my knowledge under penalty of perjury or un-sworn falsification.

Signature of Landlord/Hotel Manager or Primary Tenant
(if "renting a room" or "living with family/friends")

Date

Printed Name

Telephone Number

Physical and Mailing Address of Landlord/Hotel Manager or Primary Tenant