

**NOTARIZED STATEMENT OF
HOUSEHOLD OCCUPANCY & Custody Agreement**

Please use this form if a divorce decree or affidavit of separation is not available.
This form will be used solely for the Shawnee Tribe CCDF Program

I, _____, hereby certify that:
(Applicant Name)

By signing this form I declare that the information above is true and I understand that any false information is grounds for termination from the Shawnee Tribe CCDF Program. I agree to notify the Shawnee Tribe CCDF Program immediately of any changes in household size or custody agreement. Please sign below and have notarized.

Applicant's Signature

Date of Statement

Imprint

Notary Public

My Commission Expires: _____

State of: _____

County of: _____

Date: _____

1001. STATEMENT OR ENTRIES GENERALLY

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

June 25, 1948, c. 645, 62, Stat. 749