



# ITC FOOD DISTRIBUTION PROGRAM

## Verification Of Unemployment

This form is to be completed by 2 adults (at least 18 years of age) who are not related to anyone living in the household. The adult signing this statement cannot be a member of the household applying for benefits. Any attempts of signing a name for someone else could be considered providing false information and can result in the loss of benefits. If you have any questions concerning this form, please call the ITC Food Distribution Program at 918-542-3443.

I personally know \_\_\_\_\_ . I can verify that he/she is presently unemployed. This individual is not employed by any company, firm, or individual. They are not self-employed. They do not make any financial contributions to the household.

I understand that I may be contacted by Inter-Tribal Council Food Distribution Program personnel to verify this information. I also may be asked to provide additional information concerning this household.

\_\_\_\_\_  
Signature Of 1<sup>st</sup> Adult

\_\_\_\_\_  
Signature Of 2<sup>nd</sup> Adult

\_\_\_\_\_  
Printed Name Of 1<sup>st</sup> Adult

\_\_\_\_\_  
Printed Name Of 2<sup>nd</sup> Adult

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Street Number

\_\_\_\_\_  
Street Number

\_\_\_\_\_  
City, State

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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