

**TRIBAL ATTESTATION OF HOMEOWNERSHIP FOR
THE WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP)**

This form is to verify ownership of a home (dwelling) located on Tribal land.

Section A: To be completed by WHEAP Agency

Today's Date: _____ WHEAP Agency: _____

WHEAP Customer Name: _____
(First Name) (Last Name)

Address of Dwelling on Tribal Land: _____
(Street Address)

(City) Wisconsin
(State)

Section B: To be completed by Tribal Representative

The dwelling located on Tribal Land at the address noted in Section A is owned by:

Name: _____
(First Name) (Last Name)

The individual named above is responsible for any and all upkeep to the dwelling at the address noted in Section A. This individual also has the authority and responsibility to sanction any repairs necessary to maintain the dwelling, including the repair or replacement of the heating unit.

I hereby declare that the above information is true and correct to the best of my knowledge and belief. I further acknowledge that I am authorized to verify such statements as true.

Tribal Official Name (please print) Title

Tribal Official Signature Date

Tribal Official Phone Number Tribal Official E-Mail Address