



Edith Kassanavoid Gordon Assisted Living Center  
Comanche Nation Subsidy Assistance  
Certification Statement

I have reviewed the information entered on the Edith Kassanavoid Gordon Assisted Living Center Comanche Nation Subsidy Assistance Application, the Subsidy Assistance Worksheets, the Sale of Countable Assets, the bank statements, and other supporting documents. I certify all the information provided as part of my subsidy application is true, complete, and accurate to the best of my knowledge. I understand that falsification of this information will lead to my disqualification from the Edith Kassanavoid Gordon Assisted Living Comanche Nation Subsidy Assistance Program. Should I choose to continue living at the Assisted Living after I am disqualified from the subsidy assistance program; I will be required to pay the full rental rate of \$120.00 per day.

Applicant Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Representative (if any):

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_