

**LANDLORD OR ROOMMATE
UTILITY ASSISTANCE
INFORMATION FORM**

(This form must be completed by the landlord or roommate)

Name of tribal member (tenant): _____

Billing information as it appears on the utility statement:

Name: _____

Address: _____

Relationship to tribal member: _____

How long has tribal member been at this residence: _____

Are utilities included with rent cost? Yes _____ No _____

If yes, please breakdown cost for each utility charged: _____

Lease/rental agreement attached. Yes _____ No _____

If not, please explain: _____

Landlord/Roommate Signature: _____ Date: _____

Tribal Members Signature: _____ Date: _____

Mail to: Eastern Shawnee Health & Social Service Department

10100 S. Bluejacket Rd., Ste. 1

Wyandotte OK 74370

Any questions, feel free to contact the department at 918-666-7710.