



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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the lease/rental agreement attached? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many residents reside at this residence: \_\_\_\_\_

Landlord/Roommate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Whose name appears on the utility bills)**

Telephone number where you may be reached: \_\_\_\_\_

Tribal Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit utility statements with proof of payment from tribal member, i.e. money order, cashier's check or cancelled check (front & back) and mail to:

Eastern Shawnee Health & Social Service Department

10100 S. Bluejacket Rd., Ste. 1

Wyandotte OK 74370

Feel free to contact the department with any questions you may have at 918-666-7710