

**Food  
Distribution  
Program**



**P. O. Box 59  
Watonga, OK 73772  
PHONE: 405-276-6049  
FAX 405-422-8261**

**VERIFICATION OF LIVING ARRANGEMENTS**

Concerning: \_\_\_\_\_  
**Name of Individual or Household**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip**

**I verify that the above Individual / Family is staying at my residence at the above address.  
They cook and prepare meals separately from my household, and will be staying with me until**

\_\_\_\_\_  
**Reason and length of time expected to stay**

\_\_\_\_\_  
**Signature** **Date**

**For physical address verification, please attach a utility bill or rent receipt  
showing location of residence.**

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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