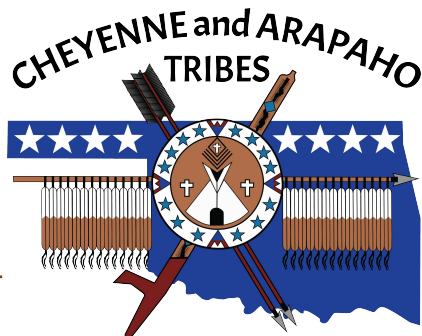


Elder Care Program-Concho

P.O. Box 133
Concho, OK 73022
405-422-7411, office
405-422-8230, fax
eldercare@cheyenneandrapaho-nsn.gov



Clinton Office

P.O. Box 714
Clinton, OK 73601
580-331-2317
405-422-8229, fax
eldercare@cheyenneandrapaho-nsn.gov

2020 Month to Month Verification Form

I, **(Printed Name of Landlord)** _____

of the following residence _____

do hereby verify that the following **(Tenant)** _____

is still residing at the residence listed above. The prior lease has expired and the Tenant is now on a

Month-to-Month rental basis. The monthly rent is \$_____.

Landlord Phone Number: _____

Landlord Address: _____

Landlord Signature: _____

Date filled out by Landlord: _____

Elder Care Client Signature: _____

*****It is the clear understanding that this form is to be filled out and submitted along with the previous expired lease in order to receive rental assistance*****