August 8, 2017 *Worker:*

Case#

Phone: *FAX:* *TDD:*

Shelter Verification

(This information is available in other forms to people with disabilities by calling 1-800-657-3659, or contacting us through the Minnesota Relay Service at 1-800-627-3529 (TDD) or 1-877-627-3848 (speech-to-speech relay).

To:

Landlord		
Address		
City	State	Zip

We need to verify the residence and shelter expenses of the person(s) listed below:

Tenant Name

Please provide the information requested **on the next page of this form** and sign the form where indicated. On the bottom half of this page is a signed authorization to release information to the human services agency.
Thank you for your cooperation.

If you can show other proof of where you live and what you pay for shelter and utilities, you do not have to use this form.

Some ways to prove *residency* are: driver's license (with current address), utility or other bill (with current address, statement from a neighbor

Some ways to prove *shelter/utility costs* are: current rent or house payment receipt, current utility bill or receipt, lease agreement

Authorization for Release of Information

Giving Permission: I give permission to (Landlord) _____
To give information requested to the human service agency listed above. This information is used to figure my eligibility for public assistance.

Consequences: State and Federal privacy laws protect my records. I know:

- that I must give my prior written authorization for agencies to give out the information;
- why I am being asked for this information;
- I do not have to consent to this release;
- that I could be denied or lose my benefits if I do not give my consent;
- I may stop this authorization with written notice at any time, but that this written notice will not affect
- information the agency has already requested;
- different protection laws may apply to some people or agencies who get this information; and
- if the law allows, this information may be passed on to others.

This authorization will end one year from the date I sign it. Minnesota Data Privacy Act (Minn. Statute, Ch. 13).

Client's Signature	Signature of spouse/guardian/authorized representative
Date	Date

To Be Completed by Owner, Manager, or Caretaker Only.

Complete all appropriate items below.
Return to requesting agency.

NOTE: Completing this form is not a guarantee of rent payment.

General Information

Tenant Name	Address	Apt #

City	County	State	Zip Code	Phone
	Hennepin	MN		

Date Moved In	# Adults in Unit	# Children in Unit	Are you related to tenant?
			oYes Relationship o No

Dwelling Type o Mobile Home o Room (w/ kitchen privileges) o Room & Board (Complete section below)
o House o Duplex o Apartment o Room Only o Other: Specify _____

Is the rent or room and board reduced by caretaking or other such tenant responsibilities? o Yes $ _____ Per _____ o day o week o month o other _____
o No

Rental Information (Complete for All Dwelling Types Except Room and Board.)

Total rent for unit? _____
Amount of rent ***paid by tenant*** $ _____
Per o Weeko Montho Effective date _____

Is the current rent paid? o Yes o No
If yes, paid through _____
If no, amount due _____

Is any portion of the rent ***paid by rental subsidy***?
o Yes o No
If yes, is the subsidy from Public Housing, HUD project properties or Section 8?
o Yes o No Amount $ _____

Damage Deposit paid? $_____

Check (x) any of the following ***included*** in rent payments.
o Cooking Stove o Trash Removal o Water/Sewer
o Electricity o Telephone o Garage/Plug-In
o Heat (Type) _____ Is Garage or Plug-In Optional? o No o Yes Amount $ _____

Is there an air conditioner in the unit? o Yes o No
Does ***tenant pay*** for A/C on their electric bill? o Yes o No

Room and Board

Amount of Room and Board paid by tenant? $ _____ Per o Week o MonthEffective Date _____
Laundry Included o No o Yes Phone Included o No o Yes

Is the current Room and Board paid? o No Amount Due $ _____ o Yes Through _____

Meals included in Room and Board? o Breakfast o Lunch o Dinnero All

Owner Data

Owner Name (Please Print)	Day Phone

Street Address	City	County	State	ZIP Code

Name of landlord/manager completing Form (**Please Print**)	Title	Phone

I hereby certify that the information above is complete, true, and correct.

Signature of landlord/manager completing form ✍	Date