LDSS-3668 (Rev. 1/03)   # SHELTER VERIFICATION

LOCAL DISTRICT NAME AND ADDRESS:	CASE NUMBER											WORKER ID			
	CASE NAME AND ADDRESS:														

LANDLORD'S NAME AND ADDRESS

DATE: _____

___ Fold   Fold___

Dear Sir/Madam:

We are currently reviewing the assistance case of the above named person. In order to complete our evaluation of this case, we need information regarding household composition and shelter expenses. This form is for verification purposes only, and does not imply any obligation on the part of this Agency.

According to our files, you are listed as the landlord of record. Please complete this questionnaire beginning with Section A below. If you are no longer the landlord, please list below the name and address of the current landlord. If the tenant has moved, please indicate

the moving date: _____ . If you do not know the above named person, please return this form stating that this person is unknown to you.

Thank you for your cooperation in this matter.

SIGNATURE OF ELIGIBILITY WORKER:	UNIT:	TELEPHONE NO.:
		( )

NAME OF CURRENT LANDLORD:	ADDRESS:

SECTION A. SHELTER DESCRIPTION

ADDRESS: _____	TYPE OF DWELLING *(Check One)*	
_____	☐ APARTMENT (# _____)	☐ ROOM IN PRIVATE HOME
	☐ HOUSE ☐ TRAILER	☐ COMMERCIAL ROOMING HOUSE
COUNTY OF RESIDENCE _____	NO. OF BEDROOMS _____	ARE MEALS INCLUDED?
	☐ HOTEL/MOTEL ROOM	☐ YES ☐ NO
SUPERINTENDENT'S NAME:	TELEPHONE NO.: ( )	IS ANY PART OF THE ROOM RENT USED FOR HEAT OR UTILITIES? ☐ YES ☐ NO

SEE REVERSE SIDE

SECTION B. SHELTER EXPENSES

AMOUNT OF TOTAL MONTHLY RENT: $	IS RENT PAID UP-TO-DATE? ☐ YES ☐ NO Last Month That Rent Was Paid in Full _____ Amount Owed $_____	PAID BY: ☐ CASH ☐ CHECK ☐ MONEY ORDER
AMOUNT SUBSIDIZED: $	RENT PAID: ☐ WEEKLY ☐ MONTHLY ☐ BI-WEEKLY (Every 2 Weeks) ☐ SEMI-MONTHLY (Twice A Month)	
	NAME OF PERSON(S) PAYING RENT:	NAME OF TENANT OF RECORD: (If different from person paying the rent)

TENANT'S SHARE OF RENT:
 	
$
	IS RENT SUBSIDIZED? (i.e. HUD, Section 8, etc.) ☐ YES ☐ NO DATE SUBSIDY BEGAN: _____
	   SUBSIDIZING AGENCY: _____
	IF SECTION 8, IS IT A:
	   ☐ CERTIFICATE ☐ VOUCHER ☐ OTHER (Specify): _____	

CHECK THE FOLLOWING WHICH ARE INCLUDED IN RENT:

☐ HEAT   ☐ AIR CONDITIONING   ☐ HOT WATER   ☐ FURNITURE   ☐ ELECTRICITY   ☐ GARBAGE COLLECTION

☐ HEATING EQUIPMENT   ☐ WATER/SEWER   ☐ COOKING FUEL   ☐ STOVE/REFRIGERATOR   ☐ MEALS

IF HEAT IS *NOT INCLUDED* IN RENT, CHECK TYPE OF FUEL USED:

☐ NATURAL GAS   ☐ KEROSENE   ☐ PROPANE   ☐ COAL   WHOSE NAME IS ON THE FUEL BILL?

☐ OIL   ☐ ELECTRICITY   ☐ WOOD   _____

DOES THE FURNACE/STOVE HEAT:

☐ ONLY THIS APARTMENT   ☐ ENTIRE HOUSE   ☐ OTHER *(Specify):* _____

DOES THE TENANT(S) PAY TO **YOU** AN AMOUNT, SEPARATE FROM THE RENT, FOR HEAT?

   ☐ YES   ☐ NO   IF YES, LIST MONTHLY AMOUNT $ _____

DOES THE TENANT(S) PAY TO **YOU** AN AMOUNT, SEPARATE FROM THE RENT, FOR WATER?

   ☐ YES   ☐ NO   IF YES, LIST MONTHLY AMOUNT $ _____

DOES THE TENANT(S) PAY TO **YOU** AN AMOUNT, SEPARATE FROM THE RENT, FOR OTHER NON-HEATING UTILITIES?

   ☐ YES   ☐ NO   IF YES, LIST MONTHLY AMOUNT $ _____

IF TENANT PAYS FOR NON-HEATING UTILITIES, ARE THERE SEPARATE METERS FOR THE TENANT'S APARTMENT?

   ☐ YES   ☐ NO   IF YES, WHOSE NAME IS ON THE BILL? _____

TO YOUR KNOWLEDGE, DOES ANYONE FROM OUTSIDE OF THE HOUSEHOLD PAY ALL OR PART OF THE RENT AND/OR UTILITIES?

☐ YES   ☐ NO   IF YES, PLEASE EXPLAIN _____

SECTION C. HOUSEHOLD COMPOSITION

NUMBER OF PERSONS LIVING IN THE RENTAL UNIT:	NAMES:	HOW LONG?	NAMES:	HOW LONG?

DOES ANYONE LISTED ABOVE HAVE A TELEPHONE?   ☐ YES   ☐ NO   NUMBER: _____

LIST BELOW **ALL** PERSONS IN HOUSEHOLD WHO ARE EMPLOYED, TO THE BEST OF YOUR KNOWLEDGE:

NAME	EMPLOYER/ADDRESS/PHONE NO.
_____	_____
_____	_____

DOES ANYONE LISTED ABOVE PERFORM ANY SERVICES FOR YOU FOR WHICH HE/SHE RECEIVES A LOWER RENT?   ☐ YES   ☐ NO

DO YOU HAVE ANY EMPLOYMENT OPPORTUNITIES FOR A MEMBER OF THIS HOUSEHOLD?   ☐ YES   ☐ NO

WAS A LEASE SIGNED? ☐ YES ☐ NO	BY WHOM?	PERIOD OF LEASE: FROM _____ TO _____	DATE LEASE WAS SIGNED:	DATE TENANT MOVED IN OR WILL MOVE IN:

DOES LANDLORD LIVE IN THE SAME APARTMENT/RENTAL UNIT AS TENANT(S)?   ☐ YES   ☐ NO

NAME(S) OF LANDLORD(S) *(Please Print)*:	RELATIONSHIP TO TENANT:	DATE:
SIGNATURE OF LANDLORD / AGENT X	TITLE:	TELEPHONE NUMBER: ( )

THANK YOU FOR YOUR COOPERATION