

Please check one:

- ☐ New Move
☐ Add Individual
☐ Rent Increase
☐ Other:

*Grey Area for Agency
Use Only*

1. SHELTER DESCRIPTION

Tenant Name: _____

Address: Street: _____ Apt _____

City _____ County _____ ZIP: _____

Dwelling Type: ☐ SHA Public Housing ☐ Facility and # of Bedrooms: _____☐ Apartment ☐ House ☐ Trailer ☐ Hotel/Motel Room ☐ Other: _____☐ Room & Board (meals included) ☐ Commercial Rooming House – Are meals included? ☐ Y ☐ N☐ Room in private home (no meals) - Is any part of rent used by landlord for heat/utilities? ☐ Y ☐ N**Violations on
Property ?**☐ Yes ☐ No

If yes, check one:

☐ Stop Rent☐ Unfit**“Reference Icon”
checked for Street
listing ?**☐ Yes ☐ No☐ Tenant of
Record Verified
Name::☐ WMS Clearance
checked For all NTA
HH members.**Contribution
Statement needed?**☐ Yes ☐ No**2. PERSONS RESIDING AT ABOVE ADDRESS/HOUSEHOLD COMPOSITION**

Date Tenant Moved In or Will Move In: _____

Name(s) of Persons(s) Responsible for Paying Rent: _____

Name(s) of Any Other Person(s) Paying Rent: _____

List All Persons Living at this Address: **Total Number of Persons:** _____**Names:** **Relationship to Tenant:** **Date Moved In:**

*Use back side if more space is needed to list household members.*Is the landlord related to anyone listed above? ☐ Yes ☐ No Relationship: _____Does the landlord live in the same apartment/rental unit as the tenant? ☐ Yes ☐ NoWas a Cash Security Deposit paid by the tenant? ☐ Yes ☐ No If Yes, Amount Paid: _____Are you requesting a DSS Security Deposit Agreement? ☐ Yes ☐ No For more information seeRenting to a TA Client at : <http://www.ongov.net/dss/temporaryassistance.html>**3. SHELTER EXPENSES**☐ Fuel Type Verified

Fuel Vendor Name:

Customer of Service:

Heat/Utility Acct. #:

Owner verified through
ONGOV.net**Owner name:****Amount of total monthly rent: \$** _____Is Rent Subsidized? ☐ Yes ☐ No

Subsidy Amt: \$ _____

Tenant's Share: \$ _____

Is rent paid up-to-date? ☐ Yes ☐ NoIf no, for what month(s) does
the tenant owe? _____

Amount of rent owed: \$ _____

This is for informational purposes only. DSS does not
guarantee money owed for back rent.**Landlord requires tenant agree to rent voucher up to maximum grant ☐**Check which of the following **are included** in the rent:☐ Heat ☐ Air Conditioning ☐ Stove ☐ Refrigerator ☐ Water/Sewer ☐ Electricity☐ Cooking Fuel ☐ Garbage Collection ☐ Hot Water ☐ Furniture ☐ Other: _____If heat is **not included** in the rent, check the fuel type used and indicate the vendor: ☐ Oil☐ Natural Gas ☐ Kerosene ☐ Wood ☐ Electricity ☐ Propane ☐ Coal Vendor: _____If non-heating utilities are **not included** in the rent, indicate the type of utilities and the vendor:☐ Electricity: _____ ☐ Cooking Gas: _____ ☐ Water: _____Does the tenant pay **you** an amount, separate from the rent, for: heat? ☐ Y ☐ N Amount: \$ _____Other non-heating utilities? Amount: \$ _____ Water? ☐ Y ☐ N Amount: \$ _____Does anyone from outside of the household pay all or any part of the rent, fuel or utilities? ☐ Y ☐ N

If yes, please explain: _____

Does anyone perform any services for you for which he/she receives a lower rent? ☐ Y ☐ N**4. LANDLORD/OWNER**If anyone other than the Property Owner, you **MUST** supply a copy of the Management Agreement, LLC, Trust or other authorizing paperwork outlining who is authorized to sign and receive rents. The LL Statement will not be processed without this information.

Landlord Name (Please print): _____ Day Phone #: _____

Address: _____

Vendor ID: _____

Owner of Property (If different from above): _____

Address: _____ Day Phone #: _____

Signature of Landlord: _____ Date: _____

Collateral Contact**Date:** _____**Worker name:****Case # :**