|  |  |  |
| --- | --- | --- |
|  **STATEMENT FROM LANDLORD/MANAGER** | LOCAL OFFICECLIENT IDENTIFICATION NUMBER | TELEPHONE NUMBERDATE |
| **PROPERTY OWNER OR AUTHORIZED MANAGER:****Complete all sections below with only the information you know to be true. Write “unknown” to questions you can’t answer. (Do not leave any box blank.)** | The Department of Social and Health Services is in the process of determining this client’s eligibility. Please provide the information requested below.FINANCIAL SERVICES SPECIALIST’S SIGNATURE |

1. **Rental or leased unit and tenant information:**

|  |  |
| --- | --- |
| 1. STREET ADDRESS APARTMENT (APT) NUMBER | 5. NAMES OF ALL ADULTS AND CHILDREN LIVING AT THIS ADDRESS |
| CITY STATE ZIP CODE |  |
| 2. TENANT’S NAME |  |
| 3. DATE MOVED IN | 4. TYPE OF RESIDENCE | Attach more pages if needed. |

1. **Rent information:**

|  |  |  |  |
| --- | --- | --- | --- |
| 6. TOTAL RENT AMOUNT | 7. HOUSING AGENCY AMOUNT, IF ANY$ | 8. TENANT’S RENT AMOUNT$ | 9. DATE THE AMOUNT IN BOX 8 STARTED |
| 10. NAME OF PERSON(S) PAYING THE RENT | 11. NAME OF PERSON(S) PAYING THE RENT |
| 12. PLEASE ANSWER THE FOLLOWING QUESTIONS:Does the tenant pay only a portion of the amount in box 8? No Yes, amount: $ Does the tenant work for a portion of the amount in box 8? No Yes, amount: $ Number of hours worked per month: How does the tenant pay the rent? Cash Check/Debit Card Money Order Other (specify): |

1. **Utilities information: Mark the box(es) that apply.**

13. The main source of heating for this residence is:

 Electric Wood

 Gas

 Propane

 Other (specify):

YES NO

1. Is there a separate meter for gas and electric?
2. Does the tenant pay for air conditioning?

16. Are all utilities included in the rent?

Yes

No

If NO, mark the box(es) the tenant pays for:

Electric Water/sewer

Gas Telephone

Propane Garbage Wood

Other (specify):

|  |  |
| --- | --- |
| 17. LANDLORD/MANAGER’S NAME | **18. Property Owner’s Name****(If different from Landlord/Manager)** |
| STREET ADDRESS OR PO BOX NUMBER | OWNER’S NAME |
| CITY STATE ZIP CODE | STREET ADDRESS OR PO BOX NUMBER |
| WORK TELEPHONE NUMBER | HOME TELEPHONE NUMBER | CITY STATE ZIP CODE |
| LANDLORD/MANAGER SIGNATURE | DATE | WORK TELEPHONE NUMBER | HOME TELEPHONE NUMBER |