**LANDLORD STATEMENT**

TENANT’S NAME: PHONE NUMBER: ACTUAL ADDRESS: MAILING ADDRESS: COUNTY OF RESIDENCE: DIRECTIONS TO HOME:

TYPE OF DWELLING: Apartment House Trailer Hotel/Motel room

Commercial Rooming House Room Only

DATE TENANT MOVED (OR WILL MOVE) IN:

|  |  |  |
| --- | --- | --- |
| AMOUNT OF TOTAL MONTHLY RENT:  $ | TENANT’S SHARE OF RENT:  $ | IS RENT SUBSIDIZED?  Yes  AMOUNT: $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RENT INCLUDES: MEALS | Yes | No | HEAT | Yes No |
| ELECTRICITY | Yes | No |  | Fuel Type: |
| TRASH REMOVAL | Yes | No |  | Dealer: |
|  |  |  |  | Account Name: |

TOTAL NUMBER OF PERSONS OCCUPYING THIS RENTAL UNIT: PLEASE LIST ALL PERSONS IN THE HOUSEHOLD: 1) 2)

3) 4) 5) 6)

7) 8) 9) 10)

This form is to be used to figure a shelter allowance. False statements made herein are punishable as a CLASS A MISDEMEANOR pursuant to Section 210.45 of the Penal Law.

The undersigned certifies that he/she is the owner agent of the specified property and that to the best of his/her knowledge he/she has answered all of the questions truthfully.

LANDLORD’S NAME: SIGNATURE OF LANDLORD: ADDRESS OF LANDLORD: IS THE LANDLORD RELATED TO THE TENANT: Yes No

DATE SIGNED:

Phone #:

If residing with landlord, please submit an occupancy statement. (SEE OVER)

If you need assistance with voter registration, it is available at the local district by calling 379-2335.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE LANDLORD OR AGENT. (OVER)

OCCUPANCY STATEMENT

THIS FORM MUST BE COMPLETED BY A NON-RELATIVE AND NOT RESIDING IN SAME HOUSEHOLD.

I hereby certify that only the following people live at: ADDRESS:

List all individuals living in the household:

I am not a relative of any of the above.

Signature

Street/Road/Box #

City/Town

Phone Number

Date

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