



Shelter Expense Statement

202H

Rent Certification (to be completed by landlord) This form is intended to clarify the specific out-of-pocket housing costs and living arrangements of this person and all other people living with them.

I certify that _____ is a tenant in one of my
rental units and began/will begin paying \$ _____ per _____ on _____
at _____
The following people share this rental unit: _____

☐ If renter is renting an apartment: Number of tenants in renter's apartment _____
Apartment is in ☐ 1 family house ☐ mobile home ☐ duplex (2 apts.) ☐ 3 or more apts. ☐ other - specify: _____

☐ If renter is renting only a room: Number of roommates in renter's room _____
Does the room rent include renter's meals? ☐ No ☐ Yes - If yes, how many meals are included per day? _____

How many bedrooms are in the unit the renter occupies? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The rental amount includes payment in full for: (check every item included)

☐ rent only ☐ hot water ☐ cooking fuel ☐ telephone ☐ lot rent
☐ heat ☐ lights ☐ food ☐ rubbish removal ☐ condo fees
☐ air conditioning ☐ other - specify: _____

What types of heating fuel can the rental unit use? Main type _____ Other types _____

Is this subsidized housing? ☐ No ☐ Yes - If yes: ☐ Section 8? ☐ Section 23? Name of Housing Authority? _____
What is contract rent amount? \$ _____ per _____ What is this tenant's share of the rent? \$ _____ per _____
Does renter receive a separate subsidized fuel and/or utility allowance? ☐ Yes - \$ _____ utility \$ _____ fuel
☐ No ☐ Unknown

A deposit of \$ _____ ☐ has been paid. ☐ is due.
Is rent overdue? ☐ No ☐ Yes - amount? \$ _____
Rent was last paid on _____ for the period _____ to _____

Print landlord's name _____
Signature of landlord _____ Telephone number _____ Date _____
Landlord's mailing address _____

Verification (to be completed by renter)

Name and address of fuel company or wood dealer _____

The above is a correct statement of my rent agreement with my: ☐ landlord ☐ relative

Signature of renter _____ Date _____

New mailing address _____ Renter's social security number _____

To The Renter: The Department for Children and Families (DCF) is required to verify all shelter expenses. **You may detach these instructions from the form before taking it to your landlord.** Your landlord may complete this form, or you can ask your landlord to provide a signed statement that includes all of the information requested above. Whichever way the landlord provides the information, you must complete the section above and return the form within 10 days in the postage paid envelope we provided.