

Name _____

Case Number _____

Address _____

To determine your eligibility, DCF must verify where you live, how much you pay for rent/mortgage, and who is living in your household.

Failure to provide the following information may result in assistance and/or food stamps being changed, denied or closed.

Sign below on the line marked with an "X". Then have your landlord complete the following section and return the form to our office by: _____.

I authorize the release of the information below to DCF.

X _____
Signature Date

THE FOLLOWING SECTION TO BE COMPLETED BY LANDLORD

1. Is this person living at _____? Yes No

What date did this person move in? _____

What was the rental obligation for the first month (excluding deposits)? _____

What is the current rental obligation per month? _____

Are utility costs included in the rental obligation? Yes No

Is rent subsidized? Yes No If yes, by whom? _____

If subsidized, what is the rent amount the household is required to pay? _____

2. If utility costs are separate from rent, please complete the following:

Does this person pay for water/sewer/garbage? Yes No

Heating? Yes No Air conditioning? Yes No

Electricity that is not used to heat or cool? Yes No

Is this person billed by landlord a flat rate for utilities? Yes No

3. Does this person live in public housing with a central utility meter and is charged only for excess heating or cooling costs? Yes No

4. List the names of all individuals living at this address, including yourself if you live there: _____

5. Is this a single family dwelling? Yes No If no, complete the following:

A. The person has a separate: Apartment Room Other _____

B. Are facilities shared? Bathroom Kitchen None

6. To your knowledge, are any of the individuals listed in Question 4 employed or self-employed?

Yes No

Who? _____ Where? _____

7. Owner's name _____ Address _____ Phone _____

Landlord/Manager Signature _____ Date _____

Address _____ Phone (if difference) _____