

I.M.310 SHELTER VERIFICATION FORM - To Be Completed by Landlord Only

Please check one:

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

Grey Area for Agency Use Only

Violations on Property?
 Yes No

If yes, check one:
 Stop Rent
 Unfit

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

“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 No
 Was 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 see
 Renting to a TA Client at : <http://www.ongov.net/dss/temporaryAssistance.html>

Fuel Type Verified

Fuel Vendor Name:

Customer of Service:

Heat/Utility Acct. #:

Owner verified through ONGOV.net
Owner name:

3. SHELTER EXPENSES

Amount of total monthly rent: \$ _____

Is Rent Subsidized? Yes No
 Subsidy Amt: \$ _____
 Tenant’s Share: \$ _____

Is rent paid up-to-date? Yes No
 If 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

Collateral Contact

Date: _____

Worker name:

Case # :

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: _____