

SHELTER VERIFICATION

In order to determine the eligibility of _____ for services, please assist by answering the questions below and returning this form to us at the address above.

THE FOLLOWING QUESTIONS / REQUESTED INFORMATION MUST BE COMPLETED BY THE LANDLORD

1. _____ is obligated to pay me \$ _____ each (please check one) week month other: _____ for residential property located at the following address: _____.
2. Is the payment current? (Circle one) Yes / No. If no what is the past due balance? \$ _____
3. My records show that _____ adult(s) and _____ child/children reside in the home.
4. Please provide the full name of the person making the rental payment. _____
5. Please check if either of the following costs is included in the rent: Electric Gas/Propane
6. Please check one of the following listed below as the method which is used to heat/cool the home:
 Central Heat/Air Fireplace Space Heater Window A/C No A/C No Heat
 Other: _____

THE FOLLOWING SECTION SHOULD ONLY BE COMPLETED ONLY IF THE TENANT IS RECEIVING HUD/SECTION 8 ASSISTANCE

7. Please supply the following information: _____ - _____ = _____
(GROSS RENT) (DEDUCTIONS) (TENANT RENT AMOUNT)
8. Is a utility allowance paid through HUD or the Housing Authority? (Check one) Yes No
* If Yes is selected, what is the utility allowance amount? \$ _____

To the best of my knowledge the information provided above is true and accurate. By signing below I acknowledge that I understand that if it is determined that I have provided false information the applicant may be suspended from receiving service.

Signature of Landlord

Relationship to Applicant/Tenant

Printed Name of Landlord or Rent Collector

Landlord Telephone Number

Address of Landlord or Rent Collector

Date