

**SHELTER VERIFICATION**

**MUST BE COMPLETED BY LANDLORD, NOT BY TENANT**

\*\*This form is for verification purposes only and does not imply any obligation on the part of this agency\*\*

Name of Person Paying Rent:	
Name of Tenant:	
Rental Unit Address:	County of Residence:
Type of living arrangement for above client: <input type="checkbox"/> Private Apartment <input type="checkbox"/> Entire House <input type="checkbox"/> Trailer <input type="checkbox"/> Trailer Lot <input type="checkbox"/> Room Only <input type="checkbox"/> Room & Board (includes meals) <input type="checkbox"/> Room with kitchen or full privileges	

**HOUSEHOLD COMPOSITION**

Number of Persons Living in the Rental Unit:			
Names:	How Long?	Names:	How Long?

**SHELTER INFORMATION**

Monthly Rent: \$	Date Client Moved In/Or Can Move In:	
Is Rent Subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Subsidized: \$	Client Pays: \$
Is Back Rent Owed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Month: _____	Amount: \$ _____
	Month: _____	Amount: \$ _____
Check the Following that are Included in Rent: <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Cooking Fuel <input type="checkbox"/> Furniture <input type="checkbox"/> Stove & Refrigerator <input type="checkbox"/> Water/Sewer		
Check Type of Heating Fuel: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Electric <input type="checkbox"/> Wood		
Does the Furnace Heat: <input type="checkbox"/> Only this Apartment <input type="checkbox"/> Entire House <input type="checkbox"/> Other (specify):		
If Tenant Pays for Non-Heating Utilities, is there a Separate Meter for the Tenant's Apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is Any Part of the Rent "Worked Off"? <input type="checkbox"/> Yes <input type="checkbox"/> No   If "Yes", how much?:		

**LANDLORD INFORMATION**

Printed Name:	
Landlord Address	Relationship to Any Household Member Listed Above:
Social Security Number or Federal ID Number:	
Business Name Filed with the IRS:	
Signature:	Date:
Telephone Number:	
Title: <input type="checkbox"/> Landlord <input type="checkbox"/> Agent <input type="checkbox"/> Tenant of Record	
Remarks:	