IM-1871
Rev. 2/10

ST. LAWRENCE CO. DEPT. OF SOCIAL SERVICES
6 Judson Street, Canton NY 13617-1196
Phone: 379-2111; Fax: 379-2392

This agency requires the completion of this landlord statement for verification of residency and living arrangements of the tenant listed below. This form must be completed in **ink** by the **landlord (or his/her agent)**.

SHELTER VERIFICATION FORM – Sections I, II, III, AND V ARE TO BE COMPLETED BY LANDLORD ONLY.

I. Shelter Description

Tenant/Applicant/Recipient Name: _____

Case Number: _____

Address: _____

Mailing Address: _____

School District: _____ County: _____

Type of Dwelling: No. of Bedrooms: _____

☐ Apartment   ☐ Facility
☐ House   ☐ Other
☐ Trailer
☐ Hotel/Motel Room
☐ Commercial Rooming House   Are meals included? ☐ Yes   ☐ No

Room in Private Home? ☐ Yes   ☐ No
Is any part of rent used by landlord for heat or utilities? ☐ Yes   ☐ No
Are meals included with rent? ☐ Yes   ☐ No

Agency Use Only

II. Persons Residing at Above Address/Household Composition

Date tenant moved in or will move in: _____

Name of person(s) responsible for paying rent: _____

Name 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the landlord related to anyone listed above? ☐ Yes   ☐ No

If yes, what is the relationship? _____

Does landlord live in the same apartment/rental unit as tenant? ☐ Yes   ☐ No

---

Agency Use Only

III. Shelter Expenses

Amount of total monthly rent: _____
Is rent paid up-to-date? ☐ Yes   ☐ No
For what months does tenant owe rent: _____
Amount of rent owed: _____

Is rent subsidized? ☐ Yes   ☐ No
Who is paying the subsidy? ☐ Certificate (39 or 40)   ☐ Voucher (38)

☐ Other _____

Amount of subsidy: _____   Tenant's share: _____

Check the following which **ARE INCLUDED** in the rent:

☐ heat   ☐ hot water   ☐ stove
☐ electricity   ☐ cooking fuel   ☐ refrigerator
☐ air conditioning   ☐ furniture   ☐ garbage collection
☐ water/sewer

AGENCY USE ONLY	III. Shelter Expenses Continued
☐ Fuel Type Verified? Name of Customer of Service: _____ Same as tenant of record: ☐ Y ☐ N Heat Account #: _____ Utility Account #: _____	If heat is **NOT INCLUDED** in the rent, check the type of fuel used and indicate vendor: ☐ Natural gas (1) ☐ Oil (2) ☐ Kerosene (6) ☐ Wood (5) ☐ Electricity (3 or 8) ☐ Propane (7) ☐ Coal (4) Vendor: _____ Is the heat source shared with other rental units? ☐ Yes ☐ No If non-heating utilities are not included in the rent, indicate type of utility and vendor: ☐ Electricity _____ ☐ Cooking Gas _____ ☐ Water _____ Are utilities shared with other rental units? ☐ Yes ☐ No Does the tenant(s) pay to **you** an amount, separate from the rent, for: Heat? ☐ Yes ☐ No Amount:_____ Water? ☐ Yes ☐ No Amount:_____ Other non-heating utilities? Amount:_____ To your knowledge, does anyone from outside of the household pay all or part of the rent and/or utilities? ☐ Yes ☐ No If *yes*, please explain:_____ Does anyone perform any service for you for which he/she receives a lower rent? ☐ Yes ☐ No If the apartment is rented by public assistance and non-public assistance tenants, please list each person's contribution to the shelter expenses: Contribution Do you/they eat together? PA Tenant _____ _____ ☐ Yes ☐ No PA Tenant _____ _____ ☐ Yes ☐ No Non-PA Tenant _____ _____ ☐ Yes ☐ No Non-PA Tenant_____ _____ ☐ Yes ☐ No If a recipient's case is closed or they move and you are receiving direct rent payments, you will be notified by this department when they will cease. This department is **not** obligated to give you 30 days notice when this situation occurs. This department will notify you the date the rent payments will cease.

AGENCY USE ONLY	IV. Request for Restricted Payment for Temporary Assistance Cases Only
Landlord Vendor Number: _____	Rental payments can be made directly to the landlord when agreed to by the applicant/recipient. Do you request the entire rent, if possible, be placed on voucher? ☐ Yes ☐ No Fuel voucher requested by tenant: ☐ Yes ☐ No Utility (electric) voucher requested by tenant: ☐ Yes ☐ No Tenant Signature: _____ Phone #: _____

AGENCY USE ONLY	V. Landlord/Owner
	Landlord (please print): _____ Address: _____ Phone Number: _____ Social Security #/Federal ID # (if requesting vouchered payments): _____ **(This information is required for *new* landlords to obtain a vendor number. If you do not want to list your social security number, a representative from this agency will contact you.)** Owner of Property (if different from above): _____ Address:_____ Phone #: _____ Signature of Landlord/Super./Apt. Manager: _____ Daytime Phone #: _____ Date: _____

PLEASE READ: This statement is for verification purposes only. It does not constitute an agreement between this agency and the landlord. The tenant is solely responsible for rent payments and damages. ST. LAWRENCE COUNTY CANNOT BE RESPONSIBLE FOR RENT PAYMENT WHEN A CLIENT MOVES WITHOUT GIVING A 30 DAY NOTICE. CLIENTS CONFIDENTIALITY IS PROTECTED UNDER THE PRIVACY ACT. RELEASE OF INFORMATION IS PROHIBITED.