



COUNTY OF ONONDAGA

## Department of Social Services-Economic Security

Child Support ♦ Childcare Assistance ♦ Fair Hearings ♦ Fraud ♦ HEAP ♦ Medicaid ♦ SNAP ♦ Systems ♦ Temporary Assistance

JOHN H. MULROY CIVIC CENTER

421 MONTGOMERY STREET

Childcare Assistance

SYRACUSE, NY 13202

315-435-5683; Fax: 315-435-5682

**J. Ryan McMahon, II**

County Executive

[www.ongov.net](http://www.ongov.net)

**Sarah G. Merrick**

Commissioner

# SHELTER VERIFICATION FORM

Dear Applicant / Recipient: \_\_\_\_\_

To process your application / recertification for Childcare Assistance, we request the following information from your landlord. **Form needs to be completed and signed by your landlord.**

### ADDRESS THAT YOU RENT TO THIS TENANT:

Street: \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Date moved in: \_\_\_\_\_ Rent: per month \$ \_\_\_\_\_ Is rent Subsidized? \_\_\_\_\_

### LIST ALL PERSONS LIVING IN THE HOUSEHOLD

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Landlord's Name: (Please Print) \_\_\_\_\_

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you for your assistance.

For Agency Use Only

CCAP Worker: \_\_\_\_\_

Case Number: \_\_\_\_\_