

Please check one:

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

1. SHELTER DESCRIPTION

Grey Area for Agency Use Only

Violations on Property?

Yes No

If yes, check one:

Stop Rent

Unfit

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

2. PERSONS RESIDING AT ABOVE ADDRESS/HOUSEHOLD COMPOSITION

“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

Date Tenant Moved In or Will Move In: _____

Name(s) of Person(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:** _____

<u>Names:</u>	<u>Relationship to Tenant:</u>	<u>Date Moved In:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>

3. SHELTER EXPENSES

Fuel Type Verified

Fuel Vendor Name:

Customer of Service:

Heat/Utility Acct. #:

Owner verified through ONGOV.net

Owner name:

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

4. LANDLORD/OWNER

Collateral Contact

Date: _____

Worker name:

Case # :

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: _____