

I.M.310 **SHELTER VERIFICATION FORM - To Be Completed by Landlord Only****Please check one:**

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

Grey Area for Agency Use Only Violations on Property ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Stop Rent <input type="checkbox"/> Unfit	1. SHELTER DESCRIPTION Tenant Name: _____ Address: Street: _____ Apt _____ City: _____ County: _____ ZIP: _____ Dwelling Type: <input type="checkbox"/> SHA Public Housing <input type="checkbox"/> Facility and # of Bedrooms: _____ <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Trailer <input type="checkbox"/> Hotel/Motel Room <input type="checkbox"/> Other: _____ <input type="checkbox"/> Room & Board (meals included) <input type="checkbox"/> Commercial Rooming House – Are meals included? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Room in private home (no meals) - Is any part of rent used by landlord for heat/utilities? <input type="checkbox"/> Y <input type="checkbox"/> N
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“Reference Icon” checked for Street listing ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tenant of Record Verified Name:: _____ <input type="checkbox"/> WMS Clearance checked For all NTA HH members. Contribution Statement needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. PERSONS RESIDING AT ABOVE ADDRESS/HOUSEHOLD COMPOSITION Date Tenant Moved In or Will Move In: _____ Name(s) of Persons(s) Responsible for Paying Rent: _____ Name(s) of Any Other Person(s) Paying Rent: _____ List <u>All</u> Persons Living at this Address: Total Number of Persons: _____ <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 40%;">Names:</th> <th style="width: 30%;">Relationship to Tenant:</th> <th style="width: 30%;">Date Moved In:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p style="text-align: center;"><i>Use back side if more space is needed to list household members.</i></p> Is the landlord related to anyone listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship: _____ Does the landlord live in the same apartment/rental unit as the tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a Cash Security Deposit paid by <u>the tenant</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount Paid: _____ Are you requesting a DSS Security Deposit Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No For more information see Renting to a TA Client at : http://www.ongov.net/dss/temporaryAssistance.html	Names:	Relationship to Tenant:	Date Moved In:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Names:	Relationship to Tenant:	Date Moved In:														
_____	_____	_____														
_____	_____	_____														
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<input type="checkbox"/> Fuel Type Verified _____ Fuel Vendor Name: _____ Customer of Service: _____ Heat/Utility Acct. #: _____ _____ Owner verified through ONGOV.net Owner name: _____ _____	3. SHELTER EXPENSES Amount of total monthly rent: \$ _____ Is Rent Subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No Subsidy Amt: \$ _____ Tenant's Share: \$ _____ Landlord requires tenant agree to rent voucher up to maximum grant <input type="checkbox"/> Check which of the following <u>are included</u> in the rent: <input type="checkbox"/> Heat <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Electricity <input type="checkbox"/> Cooking Fuel <input type="checkbox"/> Garbage Collection <input type="checkbox"/> Hot Water <input type="checkbox"/> Furniture <input type="checkbox"/> Other: _____ If heat is <u>not included</u> in the rent, check the fuel type used and indicate the vendor: <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Wood <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Coal Vendor: _____ If non-heating utilities are <u>not included</u> in the rent, indicate the type of utilities and the vendor: <input type="checkbox"/> Electricity: _____ <input type="checkbox"/> Cooking Gas: _____ <input type="checkbox"/> Water: _____ Does the tenant pay <u>you</u> an amount, separate from the rent, for: heat? <input type="checkbox"/> Y <input type="checkbox"/> N Amount: \$ _____ Other non-heating utilities? Amount: \$ _____ Water? <input type="checkbox"/> Y <input type="checkbox"/> N Amount: \$ _____ Does anyone from outside of the household pay all or any part of the rent, fuel or utilities? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain: _____ Does anyone perform any services for you for which he/she receives a lower rent? <input type="checkbox"/> Y <input type="checkbox"/> N	Is rent paid up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
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Collateral Contact Date: _____ Worker name: _____ _____ Case # : _____	4. LANDLORD/OWNER 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: _____
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