



COUNTY OF ONONDAGA

Department of Social Services-Economic Security

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

JOHN H. MULROY CIVIC CENTER
421 MONTGOMERY STREET
SYRACUSE, NY 13202

www.ongov.net

Joanne M. Mahoney
County Executive

Sarah G. Merrick
Commissioner

LANDLORD FORM

Dear Applicant / Recipient: _____

In order to process your application / recertification for Day Care Services, we request the following information from your **landlord**.

ADDRESS THAT YOU RENT TO THIS TENANT:

Street: _____

City / State / Zip _____

Date moved in: _____

Rent: per month \$ _____

Does rent include heat? _____

Is rent Subsidized? _____

LIST ALL PERSONS LIVING IN THE HOUSEHOLD

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Landlord's Name: (Please Print) _____

Landlord's Signature: _____

Landlord's Address: _____ Phone: _____

_____ Date: _____

Thank you for your assistance.

For Agency Use: DC Wkr: _____
