

SHELTER VERIFICATION FORM - To Be Completed by Landlord Only

<p><i>Agency Use Only</i></p> <p>New Address? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>STOP Rent? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Serious Code Violations? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><input type="checkbox"/> Street Listing</p>	<p align="center">1. SHELTER DESCRIPTION</p> <p>Tenant Name: _____</p> <p>Address: Street: _____ Apt _____</p> <p>City _____ County _____ ZIP: _____</p> <p>Dwelling Type: <input type="checkbox"/> Facility No. of Bedrooms: _____</p> <p><input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Trailer <input type="checkbox"/> Hotel/Motel Room <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Room & Board (meals included) <input type="checkbox"/> Commercial Rooming House – Are meals included? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><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</p>
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<p><i>Agency Use Only</i></p> <p><input type="checkbox"/> Tenant of Record Verified</p> <p>Name: _____</p> <p>For All NTAs <input type="checkbox"/> Clearance</p> <p><input type="checkbox"/> Contribution Statement</p>	<p align="center">2. PERSONS RESIDING AT ABOVE ADDRESS/HOUSEHOLD COMPOSITION</p> <p>Date Tenant Moved In or Will Move In: _____</p> <p>Was a Cash Security Deposit paid by <u>the tenant</u>? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, Amount Paid: _____</p> <p>Name(s) of Person(s) Responsible for Paying Rent: _____</p> <p>Name(s) of Any Other Person(s) Paying Rent: _____</p> <p>Lease Signed? <input type="checkbox"/> Y <input type="checkbox"/> N By Whom: _____ Lease Period: _____</p> <p>List All Persons Living at this Address: Total Number of Persons: _____</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Names:</u></th> <th style="text-align: left;"><u>Relationship to Tenant:</u></th> <th style="text-align: left;"><u>Date Moved In:</u></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 align="center"><i>Use back side if more space is needed</i></p> <p>Is the landlord related to anyone listed above? <input type="checkbox"/> Y <input type="checkbox"/> N Relationship: _____</p> <p>Does the landlord live in the same apartment/rental unit as the tenant? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<u>Names:</u>	<u>Relationship to Tenant:</u>	<u>Date Moved In:</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Names:</u>	<u>Relationship to Tenant:</u>	<u>Date Moved In:</u>														
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_____	_____	_____														

<p><i>Agency Use Only</i></p> <p>Subsidy Type: <input type="checkbox"/> Voucher <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Fuel Type Verified</p> <p>Customer of Service: _____</p> <p>Heat/Utility Acct. # _____</p> <p>SUA: <input type="checkbox"/> HT/AC <input type="checkbox"/> Utilities <input type="checkbox"/> Phone <input type="checkbox"/> HEAP <input type="checkbox"/> McMullen Grantee IM310.1</p>	<p align="center">3. SHELTER EXPENSES</p> <p>Amount of total monthly rent: \$ _____</p> <p>Is rent paid up-to-date? <input type="checkbox"/> Y <input type="checkbox"/> N If no, for what month(s) does the tenant owe rent? _____</p> <p>Amount of rent owed: \$ _____</p> <p>Check which of the following are included in the rent:</p> <p><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</p> <p><input type="checkbox"/> Cooking Fuel <input type="checkbox"/> Garbage Collection <input type="checkbox"/> Hot Water <input type="checkbox"/> Furniture <input type="checkbox"/> Other: _____</p> <p>If heat is not included in the rent, check the fuel type used and indicate the vendor: <input type="checkbox"/> Oil</p> <p><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: _____</p> <p>If non-heating utilities are not included in the rent, indicate the type of utilities and the vendor:</p> <p><input type="checkbox"/> Electricity: _____ <input type="checkbox"/> Cooking Gas: _____ <input type="checkbox"/> Water: _____</p> <p>Does the tenant pay you an amount, separate from the rent, for: heat? <input type="checkbox"/> Y <input type="checkbox"/> N Amount: \$ _____</p> <p>Other non-heating utilities? Amount: \$ _____ Water? <input type="checkbox"/> Y <input type="checkbox"/> N Amount: \$ _____</p> <p>To your knowledge, does anyone from outside of the household pay all or any part of the rent and/or utilities? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain: _____</p> <p>Does anyone perform any services for you for which he/she receives a lower rent? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Public Housing? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Is Rent Subsidized? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If yes, who is paying subsidy? _____</p> <p>Subsidy Amt: \$ _____</p> <p>Tenant's Share: \$ _____</p>
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<p><i>Agency Use Only</i></p> <p>Collateral Contact Date: _____</p> <p>Suspended from Voucher? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Assessor's Office Checked? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p align="center">4. LANDLORD/OWNER</p> <p>Landlord Name (Please print): _____ Phone #: _____</p> <p>Address: _____</p> <p>Vendor ID: _____</p> <p>Owner of Property (If different from above): _____</p> <p>Address: _____ Phone #: _____</p> <p>Signature of Landlord/Super./Apt. Manager: _____</p> <p>Daytime Phone #: _____ Date: _____</p>
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