

Onondaga County Department of Social Services

HEAP

600 So. State Street
Syracuse, NY 13202
(315) 435-8295

FAX: (315) 435-8544 or 435-2735

Dear Applicant:

The information on this form is necessary to verify your residence and housing situation. It is necessary that your landlord provide the complete information listed below to enable DSS-HEAP to act upon your eligibility determination. The Landlord must fully complete and sign this form.

THIS FORM IS NOT TO BE COMPLETED IN ANY PART BY YOU!

Dear Landlord:

In order to evaluate \_\_\_\_\_'s HEAP application, we request the following information:

What address do you rent to this tenant?

Street \_\_\_\_\_ Apt./Fl \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Who is responsible for payment of rent? \_\_\_\_\_

Who is Tenant of Record? \_\_\_\_\_

Date moved in: \_\_\_\_\_ What 's the rent per month \$ \_\_\_\_\_

List all persons living in this household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the rent subsidized? \_\_\_ Yes \_\_\_ No If yes, tenant's share \$ \_\_\_\_\_

Utility Allow? \_\_\_ Yes \_\_\_ No If yes, how much \$ \_\_\_\_\_

Does tenant pay for heat separately from rent? \_\_\_ Yes \_\_\_ No

If yes, does tenant receive a bill directly from a heating vendor? \_\_\_ Yes \_\_\_ No

What type of heat is used? \_\_\_ Gas \_\_\_ Oil \_\_\_ Electric \_\_\_ Wood \_\_\_ Other

Does tenant pay separately for lights and/or cooking gas? \_\_\_ Yes \_\_\_ No

Is tenant's electric service necessary to operate the heating equipment? \_\_\_ Yes \_\_\_ No

Is there a thermostat in this apartment? \_\_\_ Yes \_\_\_ No

This dwelling is: \_\_\_ A House \_\_\_ An Apartment \_\_\_ A Trailer \_\_\_ Room & Board \_\_\_ Room Only

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

Landlord's Printed Name \_\_\_\_\_

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

THANK YOU!

RETURN TO: Worker \_\_\_\_\_