

LOCAL DISTRICT NAME AND ADDRESS ORLEANS COUNTY DEPARTMENT OF SOCIAL SERVICES 14016 ROUTE 31 WEST ALBION, NY 14411	CASE NUMBER
	CASE NAME AND ADDRESS

LANDLORD'S NAME AND ADDRESS

DATE: 04/17/2009

___ Fold

Fold ___

Dear Sir/Madam:

We are currently reviewing the assistance case of the above named person. In order to complete our evaluation of this case, we need information regarding household composition and shelter expenses. This form is for verification purposes only, and does not imply any obligation on the part of this Agency.

According to our files, you are listed as the landlord of record. Please complete this questionnaire beginning with Section A below. If you are no longer the landlord, please list below the name and address of the current landlord. If the tenant has moved, please indicate the moving date: _____ . If you do not know the above name person, please return this form stating that this person is unknown to you.

Thank you for your cooperation in this matter.

WORKER NAME:	OFFICE:	UNIT:	WORKER ID:	TELEPHONE NO.:

NAME OF CURRENT LANDLORD:	ADDRESS:

SECTION A. SHELTER DESCRIPTION

ADDRESS: _____ _____ COUNTY OF RESIDENCE: _____	TYPE OF DWELLING (Check One)	
	<input type="checkbox"/> APARTMENT # _____ <input type="checkbox"/> HOUSE <input type="checkbox"/> TRAILER NO. OF BEDROOMS _____ <input type="checkbox"/> HOTEL/MOTEL ROOM	<input type="checkbox"/> ROOM IN PRIVATE HOME <input type="checkbox"/> COMMERCIAL ROOMING HOUSE ARE MEALS INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERINTENDENT'S NAME:	TELEPHONE NO.:	IS ANY PART OF THE ROOM RENT USED FOR HEAT OR UTILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO

SEE REVERSE SIDE

SECTION B. SHELTER EXPENSES

AMOUNT OF TOTAL MONTHLY RENT: \$ _____	IS RENT PAID UP-TO-DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO Last Month that rent was paid in full _____ Amount Owed \$ _____	PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CHECK
AMOUNT SUBSIDIZED: \$ _____	RENT PAID <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-WEEKLY (Every 2 weeks) <input type="checkbox"/> SEMI-MONTHLY (Twice a Month)	
	NAME OF PERSON(S) PAYING RENT: _____	NAME OF TENANT OF RECORD: (If different from person paying the rent) _____
TENANT'S SHARE OF RENT: \$ _____	IS RENT SUBSIDIZED? (i.e. HUD, Section 8, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO DATE SUBSIDY BEGAN: _____ SUBSIDIZING AGENCY: _____ IF SECTION 8, IS IT A: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> VOUCHER <input type="checkbox"/> OTHER (Specify): _____	
CHECK THE FOLLOWING WHICH ARE INCLUDED IN RENT: <input type="checkbox"/> HEAT <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> HOT WATER <input type="checkbox"/> FURNITURE <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> GARBAGE COLLECTION <input type="checkbox"/> HEATING EQUIPMENT <input type="checkbox"/> WATER/SEWER <input type="checkbox"/> COOKING FUEL <input type="checkbox"/> STOVE/REFRIGERATOR <input type="checkbox"/> MEALS		
IF HEAT IS NOT INCLUDED IN RENT, CHECK TYPE OF FUEL USED: <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> KEROSENE <input type="checkbox"/> PROPANE <input type="checkbox"/> COAL WHOSE NAME IS ON THE FUEL BILL? _____ <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> WOOD		
DOES THE FURNACE/STOVE HEAT: <input type="checkbox"/> ONLY THIS APARTMENT <input type="checkbox"/> ENTIRE HOUSE <input type="checkbox"/> OTHER (Specify): _____		
DOES THE TENANT(S) PAY TO YOU AN AMOUNT, SEPARATE FROM THE RENT, FOR HEAT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST MONTHLY AMOUNT \$ _____		
DOES THE TENANT(S) PAY TO YOU AN AMOUNT, SEPARATE FROM THE RENT, FOR WATER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST MONTHLY AMOUNT \$ _____		
DOES THE TENANT(S) PAY TO YOU AN AMOUNT, SEPARATE FROM THE RENT, FOR OTHER NON-HEATING UTILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST MONTHLY AMOUNT \$ _____		
IF TENANT PAYS FOR NON-HEATING UTILITIES, ARE THERE SEPARATE METERS FOR THE TENANT'S APARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHOSE NAME IS ON THE BILL? _____		
TO YOUR KNOWLEDGE, DOES ANYONE FROM OUTSIDE OF THE HOUSEHOLD PAY ALL OR PART OF THE RENT AND/OR UTILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN _____		

SECTION C. HOUSEHOLD COMPOSITION

NUMBER OF PERSONS LIVING IN THE RENTAL UNIT:	Names: _____ How Long? _____	Names: _____ How Long? _____						
DOES ANYONE LISTED ABOVE HAVE A TELEPHONE? <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER: _____								
LIST BELOW ALL PERSONS IN HOUSEHOLD WHO ARE EMPLOYED, TO THE BEST OF YOUR KNOWLEDGE: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">NAME</td> <td style="width:50%; border: none;">EMPLOYER/ADDRESS/PHONE NO.</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>			NAME	EMPLOYER/ADDRESS/PHONE NO.	_____	_____	_____	_____
NAME	EMPLOYER/ADDRESS/PHONE NO.							
_____	_____							
_____	_____							
DOES ANYONE LISTED ABOVE PERFORM ANY SERVICES FOR YOU FOR WHICH HE/SHE RECEIVES A LOWER RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE ANY EMPLOYMENT OPPORTUNITIES FOR A MEMBER OF THIS HOUSEHOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO								
WAS A LEASE SIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	BY WHOM? _____	PERIOD OF LEASE: FROM _____ TO _____	DATE LEASE WAS SIGNED: _____	DATE TENANT MOVED IN OR WILL MOVE IN: _____				
DOES LANDLORD LIVE IN THE SAME APARTMENT/RENTAL UNIT AS TENANT(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO								
NAME(S) OF LANDLORD(S) (Please Print): _____		RELATIONSHIP TO TENANT: _____	DATE: _____					
SIGNATURE OF LANDLORD / AGENT X _____		TITLE: _____	TELEPHONE NUMBER: () _____					

THANK YOU FOR YOUR COOPERATION