

VERIFICATION OF RENT AND LIVING ARRANGEMENTS

Customer Name: _____ Client ID: _____
 Case Manager: _____ Telephone: _____
 District/County: _____ Date: _____

Section I: TO BE COMPLETED BY LANDLORD OR RENTAL AGENT ONLY ► VOID IF ALTERED ◀

Tenant: _____ **Address:** _____

Date of Occupancy: ____ / ____ / ____

Rent charged \$ _____ [] weekly [] monthly [] other (*specify*) _____

Rent tenant is charged \$ _____ [] weekly [] monthly [] other (*specify*) _____

A. Does the rent you charge the tenant include:

	Yes	No
Heat?	[]	[]
Electric?	[]	[]
Cooking?	[]	[]
Water?	[]	[]
Air Conditioning?	[]	[]
Other utility?	[]	[]

Type of Heat: _____

Type of Air Conditioning:

[] Central [] Unknown
 [] Window/Wall Unit [] None

What kind: _____

B. If tenant pays separate utility costs to you, list the type of utility, how often, dollar amount paid each month and date last billed _____

C. Is this federally subsidized housing? [] Yes (*specify*) [] No

[] Public Housing (*Housing Projects*)

[] FMHA Housing 515 (*Rental Assistance Only*)

[] Section 8 Housing

[] other (*specify*) _____

D. Is the tenant billed for excess usage of utilities? [] Yes (*If yes, complete B above*) [] No

Section II:

To be completed by the landlord or rental agent:

Who lives with tenant? (Include the names of all adults and children.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

 Landlord/Rental Agent Signature Date

 Print name Phone

 Address

Section III:

To be completed by tenant:

a. What is your relationship to this person?

b. Do you purchase, prepare and eat meals with this person?

- | | |
|-------|----------------|
| _____ | [] Yes [] No |
| _____ | [] Yes [] No |
| _____ | [] Yes [] No |
| _____ | [] Yes [] No |
| _____ | [] Yes [] No |
| _____ | [] Yes [] No |

 Customer's Signature Date