LDSS-3668 (Rev. 2/10) **SHELTER VERFICATION**

Local District Name and Address:	Case Number:	Worker ID:
DEPARTMENT OF SOCIAL SERVICES CHILD CARE SUBSIDIES 10 COUNTY-CENTER ROAD, 2nd FLOOR WHITE PLAINS, NY 10607	Case Name and Address:	

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.

Please complete this questionnaire beginning with Section A below. Thank you for your cooperation.

SECTION A: SHELTER DESCRIPTION

Address:_____ City:_____ Zip Code:_____ County:_____	Type of Dwelling (Check One)	
	☐ Hotel/Motel ☐ Apartment (#____) ☐ House ☐ Trailer No. of Bedrooms: ____	☐ Room in Private Home ☐ Commercial Rooming House Are Meals Included? ☐ Yes ☐ No Is any part of the room rent used for heat or utilities? ☐ Yes ☐ No

SECTION B: HOUSEHOLD COMPOSITION

Number of people living in this rental unit: _____

Names	How long has this person lived here?	Names	How long has this person lived here?

Does anyone listed above have a telephone? ☐ Yes ☐ No Number: _____	Is anyone listed above employed? ☐ Yes ☐ No Name: _____ Employer: _____
Does anyone listed above perform any services for you for which he/she receives a lower rent? ☐ Yes ☐ No If yes, explain: _____	Do you have any employment opportunities for a member of this household? ☐ Yes ☐ No If yes, explain: _____

SECTION C: SHELTER EXPENSES

Rental Amount: $_____ Due: ☐ Weekly ☐ Monthly ☐ Every 2 weeks ☐ Twice a month	Is rent paid up to date? ☐Yes ☐No Last month that rent was paid in full: _____
Name of person(s) paying rent: _____ Name of Tenant of Record: _____ (If different from person paying the rent)	Is rent subsidized? (e.g. HUD) ☐Yes ☐No If yes, amount subsidized: _____ Subsidizing agency: _____

Check the following which are included in the rent:

☐ Heat ☐ Electricity ☐ Hot Water ☐ Air Conditioning ☐ Furniture ☐ Garbage Collection

☐ Stove ☐ Refrigerator ☐ Water/Sewer ☐ Cooking Fuel ☐ Meals ☐ Heating Equipment

If heat is **not included** in rent, check the primary type of fuel used for heating :

☐ Natural Gas ☐ Kerosene ☐ Propane ☐ Coal ☐ Wood ☐ Electricity ☐ Oil

Does the furnace/stove heat:

☐ Only this apartment ☐ Entire House ☐ Other (Specify): _____

Does the tenant pay to you an amount, separate from the rent, for heat?

☐ Yes ☐ No If yes, list monthly amount: _____

If no, does the tenant pay the vendor directly for heat? ☐ Yes ☐ No

Does the tenant pay to you an amount, separate from the rent, for water?

☐ Yes ☐ No If yes, list monthly amount: _____

Does the tenant pay to you an amount, separate from the rent, for other non-heating utilities?

☐ Yes ☐ No If yes, list monthly amount: _____

If tenant pays for non-heating utilities, are there separate meters for the tenant's apartment?

☐ Yes ☐ No

To your knowledge, does anyone that lives outside of the household pay all or part of the rent and/or utilities?

☐ Yes ☐ No If yes, please explain: _____

SECTION D: LANDLORD INFORMATION

Does Landlord live in the same apartment/ rental unit as tenant? ☐ Yes ☐ No	Date Tenant moved in / will move in:
Relationship to Tenant:	Landlord's Name:
Landlord's Address:	Landlord's Telephone Number:
Landlord's Signature:	Landlord's E-mail Address:
Date:	Owner's Name (If different than landlord):
Owner's Address:	Owner's Telephone Number: Owner's E-mail Address: