**LANDLORD STATEMENT** **TENANT** **NAME:**

This agency requires the completion of this landlord statement for verification of residency and living expenses/arrangements of the above tenant. This entire form must be completed, in ink, by the landlord (or an authorized agent) only! Both tenant and landlord must sign the back of this form. The rental unit is subject to inspection.

**A.** **Shelter** **Description**

Type of dwelling: Apartment Single House Double House

Hotel/Motel Room Room in Private Home Commercial Room Other

Street Address

City/Town County

Tenant will be occupying dwelling effective: OR

Change in expenses / occupants effective:

Apt/Floor

Zip Code

|  |
| --- |
| **B.** **Shelter** **Expenses** |
| Do you charge rent or room and board? |  | Rent |  | Room and board |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you charge rent for a room, is any part of it used for Heat or Utilities? |  | Yes |  | No |
| Please subtract Items 2, 3, and 4 from item 1, if applicable. This will give you a total for item 5. This is the amount the tenant is potentially entitled to. This is also the amount that is potentially eligible for a TRA. | 1. How much total rent is charged for the dwelling? 2. Subsidy from Section 8 or other H.U.D. Agency 3. Subsidy from4. Contribution from person outside the household5. Amount tenants are responsible for (see instructions at left) | $ |
| $ |
| $ |
| $ |
| $ |

Heat Electric

Cooking Fuel

**Rent** **Includes** (Check Yes or No for every item)

Yes No Water/Sewer Yes No Furniture Yes No Yes No Kitchen Stove Yes No Prepared Meals Yes No Yes No Refrigerator Yes No Cooking Equip. Yes No

Is the heat source shared with another dwelling? Yes No Check the type(s) of fuel used to heat the unit:

Are any other utilities shared with another dwelling? Yes No Natural Gas Electricity Wood

Oil/Kerosene Propane

***Please*** ***Note*** ***that*** ***every*** ***item*** ***in*** ***this*** ***section*** ***must*** ***be*** ***completed*** ***(even*** ***if*** ***the*** ***answer*** ***is*** ***“No”*** ***or*** ***rent*** ***payments*** ***may*** ***not*** ***be*** ***made*** ***correctly.***

**C.** **Household** **Composition**

Please list all members of the dwelling unit, even if not applying for assistance. List the designated tenants(s) of record first (the person(s) legally responsible for the dwelling, who would sign a rental agreement).

1. 7. 2. 8. 3. 9. 4. 10. 5. 11. 6. 12.

Total number of persons living in the rental unit: Is anyone in the dwelling employed? Yes No

If Yes:

Tenant’s Name

Business Name

PLEASE CONTINUE ON THE REVERSE SIDE OF THIS FORM

**D.** **Landlord** **Information**

This section must be completed in full. Please provide a phone number where the landlord and/or property manager may be reached during normal business hours (between 8:30 AM and 4:30 PM).

Name (please print) Phone #

Address Fax #

Is the property managed by an individual other than the landlord? Yes No If Yes:

Name (please print) Phone #

**E.** **For** **Restricted** **Payments**

This department can make rental payments directly to the landlord in the form of a two-party check. This check requires both the landlord and tenant signatures in order to be cashed. The tenant must be entitled to the full shelter allowance. In some cases, the tenant must also agree below, in writing.

In cases where a property manager is unable to sign a two-party check on behalf of the landlord, an alternative may be available. Please contact your tenant’s examiner to discuss your options.

If the tenant’s case is closed or the tenant moves and you are receiving restricted rent payments, you will be notified by this department of when they will cease. The tenant is obligated to give you 30 days notice when this occurs. This department will notify you before the date the rent payments will cease whenever possible.

I agree to have the rent sent directly to my landlord: Yes No

Landlord’s signature Date Tenant’s signature Date

Landlord’s Social Security/Federal ID# (Required for restricted payments)

Does shelter meet all municipal Codes requirements? Yes No

If yes, date Certificate of Occupancy issued:

**F.** **Notice** **to** **Landlord**

This statement is for verification purposes only. It does not constitute an agreement between this agency and the property owner. The tenant is solely responsible for rent payments, damages, lease provisions, and 30-day notice prior to a move. Oneida County cannot be responsible for rent payments if client moves without a 30-day notice. This agency must be immediately notified in writing when and if any change, such as amount of rent or number of occupants, occurs.

The landlord may request a Tenant Responsibility Agreement (TRA) in place of a security deposit. To do so, they may contact the Oneida County DSS Housing Unit by phone at (000) 000-0 or by email at abc@abc.net . This request must be made within 30 days of the date of occupancy. The tenant or landlord may also contact the Housing Unit to request housing information or for help completing this form.

**G.** **Certification/Verification** **by** **Subscriber** **and** **Notice**

I, the undersigned, hereby certify that the information in this landlord statement is true and correct and that this form was completed by the landlord before being signed.

As the tenant, I agree to give the landlord 30 days notice prior to a move. I understand that failure to comply with the 30 day notice provisions as required may result in a delay or withholding of my benefits.

As the landlord, I declare that all real estate taxes on subject property have been paid to date, and further acknowledge that future rent payments will be withheld if real estate taxes are not paid in a timely manner.

Landlord’s signature Date Tenant’s signature Date

Property Owner’s signature Date

|  |  |
| --- | --- |
| This space for DSS use onlyDate Received: Information verified per phone call to landlord/manager? Yes No |  |
| If No, Shelter Verification mailed: Worker: |