



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	Type of Heat: _____
Heat?	[]	[]	
Electric?	[]	[]	Type of Air Conditioning:
Cooking?	[]	[]	[] Central [] Unknown
Water?	[]	[]	[] Window/Wall Unit [] None
Air Conditioning?	[]	[]	
Other utility?	[]	[]	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?

_____	[] Yes [] No
_____	[] Yes [] No
_____	[] Yes [] No
_____	[] Yes [] No
_____	[] Yes [] No
_____	[] Yes [] No

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

Customer's Signature _____ Date _____