



**TEXAS**  
**Health and Human**  
**Services**

Date

Caseworker

Office Address and Phone No. with Area Code

(Client Name and Address)


Name of Client

Case No.

Address (Street, City, State and ZIP Code)

The person named above reports renting this residence from you. To correctly evaluate the household's situation, the department needs your assistance.

Please complete the information requested on the back of this letter and return it to me in the postage paid envelope provided. Please return it as soon as possible, but no later than \_\_\_\_\_.

Date

I hereby give my permission to release the information requested on this form.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

### Landlord Verification

(This form must be completed by the client's landlord or a representative.)

1. Tenant Move Date: \_\_\_\_\_

2. How many people live in the house or apartment? \_\_\_\_\_

3. List the names of all people who live in the house or apartment. List their employer, if known:

Name of Person	Working?	Employer
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	

4. Questions about the rent payment:

Amount of Rent	Tenant's Portion of Rent	Person making payment?
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How often paid?  
 Weekly    Every Two Weeks    Twice a Month    Monthly

Method of payment?  
 Cash    Check    Money Order    Other (explain): \_\_\_\_\_

Is the tenant current in paying the rent?    Yes    No   If "No," when was the last month rent was paid? \_\_\_\_\_

What is the total amount of past due rent? \_\_\_\_\_

**5. Questions about the utilities:**

Are all utilities included in rent? .....  Yes    No

Utilities the tenant is responsible for paying (check all that apply): .....  Gas    Electric    Telephone

Utility bills are paid directly to: .....  Landlord    Utility Company

**Please provide the tenant's complete residential address:**

Street Address	Apt. No.	City	ZIP Code
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\_\_\_\_\_

Landlord or Representative Name (printed)
Signature – Landlord or Representative
Date

Business Address or Residential Address	Telephone No. with Area Code
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