



**Southwest Ohio
County Departments of Job & Family Services**

**County Agency: Clermont County Dept. of Job and Family Services
Office of Adult, Child and Family Stability
Address: 2400 Clermont Center Dr.
Batavia, Ohio 45103
Phone: 513-732-7111
Fax: 513-732-7216
Website: www.acfs.clermontcountyohio.gov**

HOUSEHOLD MEMBER / SHELTER / UTILITY VERIFICATION

PART I: Case Information: To be completed by the COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

Case Name:	Case Number:	Date Sent:
Tenant Name: <i>(if different)</i>	Caseworker's Name / District:	Phone:

PART II: Release of Information: To be read and signed by the TENANT

My signature below means that I give the person indicated below permission to furnish all information about me that is requested on this form. I understand this information will be used to establish my eligibility for public assistance. I also give the Department of Job and Family Services permission to contact this person to obtain or clarify any information contained on this form.

Tenant Signature:	Phone:	Date:
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PART III: Household Member Information: To be completed by:

PROPERTY OWNER/PROPERTY MANAGER; or **NON-RELATIVE/NON-HOUSEHOLD MEMBER**

List all individuals who live at this address: (including children) Use the back of this form if additional space is required.

First Name	Last Name	Relationship to Tenant	Date of Birth (optional)	Last 4 digits of Social Security Number (optional)	Date (s)he began or will begin living at above address

PART IV: Tenant/Rent/Utility Info: To be completed by PROPERTY OWNER OR PROPERTY MANAGER ONLY

Tenant Name(s) who signed the rental agreement: <i>(First & Last)</i>	First Name	Last Name	
	First Name	Last Name	
Street Address:	Apt. # or Floor:	City:	State: Zip:
Enter total amount of monthly rent charged to tenant. (DO NOT include arrearage, late fees, optional fees, lot rent or subsidy.)	\$	Type of Structure: <input type="checkbox"/> Single Dwelling <input type="checkbox"/> Apartment Complex <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____ <input type="checkbox"/> Mobile Home If mobile home, tenant lot rent: \$ _____	Check which of the following the tenant must pay themselves: <input type="checkbox"/> Heat <input type="checkbox"/> Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Phone <input type="checkbox"/> Electric <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Other _____
Is rent subsidized? <input type="checkbox"/> No; <input type="checkbox"/> Yes – If yes, total amount of monthly subsidy:	\$		
Does the tenant receive a utility reimbursement check? <input type="checkbox"/> Unknown; <input type="checkbox"/> No; <input type="checkbox"/> Yes – If yes, enter amount:	\$		

My signature below indicates that I completed this form and it is accurate to the best of my knowledge.

Signature of person completing form:	Address:	Phone:	Date:
Are you the property owner/property manager? <input type="checkbox"/> No; <input type="checkbox"/> Yes			
Are you someone other than the property owner/property manager? <input type="checkbox"/> No; <input type="checkbox"/> Yes			
If yes, specify relationship: _____			