

*Grey Area for Agency Use Only***1. SHELTER DESCRIPTION****Please check one:**

- ☐ New Move
☐ Add Individual
☐ Rent Increase
☐ Other:

Violations on Property ?☐ Yes ☐ No

If yes, check one:

☐ Stop Rent☐ Unfit

Tenant Name: _____

Address: Street: _____ Apt _____

City _____ County _____ ZIP: _____

Dwelling Type: ☐ SHA Public Housing ☐ Facility and # of Bedrooms: _____
☐ Apartment ☐ House ☐ Trailer ☐ Hotel/Motel Room ☐ Other: _____
☐ Room & Board (meals included) ☐ Commercial Rooming House – Are meals included? ☐ Y ☐ N
☐ Room in private home (no meals) - Is any part of rent used by landlord for heat/utilities? ☐ Y ☐ N

“Reference Icon” checked for Street listing ?☐ Yes ☐ No
☐ Tenant of Record Verified Name::

☐ WMS Clearance checked For all NTA HH members.
 Contribution Statement needed?
☐ Yes ☐ No
2. PERSONS RESIDING AT ABOVE ADDRESS/HOUSEHOLD COMPOSITION

Date Tenant Moved In or Will Move In: _____

Name(s) of Persons(s) Responsible for Paying Rent: _____

Name(s) of Any Other Person(s) Paying Rent: _____

List All Persons Living at this Address: Total Number of Persons: _____**Names: Relationship to Tenant: Date Moved In:**

Names:	Relationship to Tenant:	Date Moved In:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Use back side if more space is needed to list household members.*Is the landlord related to anyone listed above? ☐ Yes ☐ No Relationship: _____Does the landlord live in the same apartment/rental unit as the tenant? ☐ Yes ☐ NoWas a Cash Security Deposit paid by the tenant? ☐ Yes ☐ No If Yes, Amount Paid: _____Are you requesting a DSS Security Deposit Agreement? ☐ Yes ☐ No For more information seeRenting to a TA Client at : <http://www.ongov.net/dss/temporaryassistance.html>**3. SHELTER EXPENSES**☐ Fuel Type Verified

Fuel Vendor Name: _____

Customer of Service: _____

Heat/Utility Acct. #: _____

Owner verified through ONGOV.net

Owner name: _____

Amount of total monthly rent: \$ _____Is Rent Subsidized? ☐ Yes ☐ No

Subsidy Amt: \$ _____

Tenant's Share: \$ _____

Is rent paid up-to-date? ☐ Yes ☐ No

If no, for what month(s) does the tenant owe? _____

Amount of rent owed: \$ _____

This is for informational purposes only. DSS does not guarantee money owed for back rent.

Landlord requires tenant agree to rent voucher up to maximum grant ☐Check which of the following **are included** in the rent:☐ Heat ☐ Air Conditioning ☐ Stove ☐ Refrigerator ☐ Water/Sewer ☐ Electricity☐ Cooking Fuel ☐ Garbage Collection ☐ Hot Water ☐ Furniture ☐ Other: _____If heat is **not included** in the rent, check the fuel type used and indicate the vendor: ☐ Oil☐ Natural Gas ☐ Kerosene ☐ Wood ☐ Electricity ☐ Propane ☐ Coal Vendor: _____If non-heating utilities are **not included** in the rent, indicate the type of utilities and the vendor:☐ Electricity: _____ ☐ Cooking Gas: _____ ☐ Water: _____Does the tenant pay **you** an amount, separate from the rent, for: heat? ☐ Y ☐ N Amount: \$ _____Other non-heating utilities? Amount: \$ _____ Water? ☐ Y ☐ N Amount: \$ _____Does anyone from outside of the household pay all or any part of the rent, fuel or utilities? ☐ Y ☐ N

If yes, please explain: _____

Does anyone perform any services for you for which he/she receives a lower rent? ☐ Y ☐ N**4. LANDLORD/OWNER**

Collateral Contact

Date: _____

Worker name: _____

Case #: _____

If anyone other than the Property Owner, you **MUST** supply a copy of the Management Agreement, LLC, Trust or other authorizing paperwork outlining who is authorized to sign and receive rents. The LL Statement will not be processed without this information.

Landlord Name (Please print): _____ Day Phone #: _____

Address: _____

Vendor ID: _____

Owner of Property (If different from above): _____

Address: _____ Day Phone #: _____

Signature of Landlord: _____ Date: _____