



Shelter Expense Statement

202H

I. RENT CERTIFICATION (to be completed by LANDLORD) This form is intended to clarify the specific out-of-pocket housing costs and living arrangements of this person and all other people living with them.

I certify that _____ is a tenant in one of my rental units or shelter beds/rooms and began/will begin paying \$_____ per _____ on _____ at (full address): _____

Please list ALL people sharing this space: _____

1. If renter is renting an **apartment**: Number of tenants in renter's apartment: _____
a. Apartment is in: 1 family house Mobile home Duplex (2 apts.) 3 or more apts. Other (specify): _____

b. Number of bedrooms in the unit the renter occupies: _____

2. If renter is renting only a **room**: Number of roommates in renter's room: _____
a. Does the room rent include renter's meals? No Yes – **IF YES**, how many meals are included per day? _____

3. Contracted rent amount: \$_____ per _____. Tenant's share of the rent: \$_____ per _____

4. Is this subsidized/public housing? No Yes - **IF YES**: Section 8 VRS Section 23

a. Housing Authority: _____

5. The rental amount includes payment in full for: (check every item included)
 Rent only Hot water Cooking fuel Telephone Lot rent
 Heat Lights Food Rubbish removal Condo fees
 Air conditioning Other (specify): _____

6. What types of heating fuel can the rental unit use? Main type: _____ Other types: _____

7. Cooking fuel type: Natural gas Bottled gas Electric

8. Is this temporary housing? No Yes - **IF YES**: Transitional Unit Emergency Shelter

a. Please list provider: _____

9. Does renter receive a separate subsidized fuel and/or utility allowance?
 No Yes: Utility \$_____ Fuel \$_____ Unknown

10. A deposit of \$_____ Has been paid Is due

11. Is rent overdue? No Yes – amount: \$_____

12. Rent was last paid on _____ for the period _____ to _____

➤ Landlord's Signature: _____ Print Name: _____ Date: _____

Phone: _____ Mailing Address: _____

II. VERIFICATION (to be completed by RENTER)

1. Name and address of fuel company or wood dealer: _____

2. Who is your electricity provider? _____

a. Name on account: _____ Account number: _____

3. **The above is a correct statement of my rent agreement with my:** Landlord Relative

➤ Signature of Renter: _____ Date: _____

New mailing address: _____ Social Security Number: _____

IF YOU RECEIVE FUEL ASSISTANCE: I also give ESD permission to obtain and share any data about my annual energy consumption, cost, usage data, utility charges, payment history and other account information from my primary and/or secondary heating and energy company or companies. I authorize the company or companies to provide this information to ESD.

To the RENTER: The Department for Children and Families (DCF) is required to verify all shelter expenses. **You may detach these instructions from the form before taking it to your landlord.** Your landlord may complete this form, or you can ask your landlord to provide a signed statement that includes all the information requested above. *You must complete the section above and return the form within 10 days.*

▷Once completed this form cannot be shared with the landlord without the renter's written consent◁