Clear

VERIFICATION OF SHELTER EXPENSES

DCF Office Address/FAX #:

Date:_____

Case Name:_____

Case Number:_____

Please fill out this form to show how much you charge for rent for _____ and return the form to us by _____.

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1. _____ must pay me $_____ for: ☐ **Rent** or ☐ **Room and Meals** each ☐ **Week** or ☐ **Month** or ☐ **Other:**_____

2. Check any of these expenses that are included in the rent: ☐ **Electric** ☐ **Gas** ☐ **Water** ☐ **Sewer** ☐ **Garbage** ☐ **Telephone**

3. Does the renter pay or help pay to heat or cool the home with an air conditioner, fireplace, or space heater?..... ☐ **Yes** ☐ **No**

   If **No**, does the renter pay for: ☐ **Electric** ☐ **Gas** ☐ **Water** ☐ **Sewer** ☐ **Garbage** ☐ **Telephone?**

4. This property is located at:_____

   Give the full name of the person making the payment:_____

5. What is the amount $_____ and date _____ of last payment?

6. Is the payment past due? ☐ **Yes** ☐ **No** If **Yes**, how much is past due? _____

7. How many adults _____ and how many children _____ live at this address?

For HUD or Section 8 Landlords Only:

8. How much is the rent after HUD or Section 8 deductions? $_____

9. Is a utility allowance paid? ☐ **Yes** ☐ **No** If **Yes**, how much? $_____

What I have written on this form is true. I know if I write amounts that are not true on purpose, I could get charged with fraud.

_____
Signature of Rent Collector / Landlord

_____
Relationship to Renter

_____
Address

_____
Telephone

If applicable, enter "ext." and extension number

_____

_____
Date Completed