

Local District Name and Address: <p style="text-align: center;">DUTCHESS COUNTY DEPARTMENT OF COMMUNITY & FAMILY SERVICES 60 MARKET STREET POUGHKEEPSIE, NY 12601</p>	Case Number:	Worker ID:
Case Name and Address:		

Dear Sir/Madam:

We are currently reviewing the assistance case of the above named person. In order to complete our evaluation of this case, we need information regarding household composition and shelter expenses. This form is for verification purposes only, and does not imply any obligation on the part of this Agency.

Please complete this questionnaire beginning with Section A below. Thank you for your cooperation.

SECTION A: SHELTER DESCRIPTION

Address: _____ City: _____ Zip Code: _____ County: _____	<table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">Type of Dwelling (Check One)</th> </tr> <tr> <td style="width:50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartment (# _____) <input type="checkbox"/> House <input type="checkbox"/> Trailer No. of Bedrooms: _____ </td> <td style="width:50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Room in Private Home <input type="checkbox"/> Commercial Rooming House Are Meals Included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is any part of the room rent used for heat or utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	Type of Dwelling (Check One)		<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartment (# _____) <input type="checkbox"/> House <input type="checkbox"/> Trailer No. of Bedrooms: _____	<input type="checkbox"/> Room in Private Home <input type="checkbox"/> Commercial Rooming House Are Meals Included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is any part of the room rent used for heat or utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION B: HOUSEHOLD COMPOSITION

Number of people living in this rental unit: _____			
Names	How long has this person lived here?	Names	How long has this person lived here?
Does anyone listed above have a telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____		Is anyone listed above employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Employer: _____	
Does anyone listed above perform any services for you for which he/she receives a lower rent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		Do you have any employment opportunities for a member of this household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	

SECTION C: SHELTER EXPENSES

Rental Amount: \$ _____ Due: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month	Is rent paid up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Last month that rent was paid in full: _____
Name of person(s) paying rent: _____ Name of Tenant of Record: _____ (If different from person paying the rent)	Is rent subsidized? (e.g. HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount subsidized: _____ Subsidizing agency: _____
Check the following which are included in the rent: <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Hot Water <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Furniture <input type="checkbox"/> Garbage Collection <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Cooking Fuel <input type="checkbox"/> Meals <input type="checkbox"/> Heating Equipment	
If heat is not included in rent, check the primary type of fuel used for heating : <input type="checkbox"/> Natural Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Electricity <input type="checkbox"/> Oil	
Does the furnace/stove heat: <input type="checkbox"/> Only this apartment <input type="checkbox"/> Entire House <input type="checkbox"/> Other (Specify): _____	
Does the tenant pay to you an amount, separate from the rent, for heat or air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list monthly amount: _____ If no, does the tenant pay the vendor directly for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the tenant pay to you an amount, separate from the rent, for water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list monthly amount: _____	
Does the tenant pay to you an amount, separate from the rent, for other non-heating utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list monthly amount: _____	
If tenant pays for non-heating utilities, are there separate meters for the tenant's apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To your knowledge, does anyone that lives outside of the household pay all or part of the rent and/or utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	

SECTION D: LANDLORD INFORMATION

Does Landlord live in the same apartment/ rental unit as tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Tenant moved in / will move in:
Relationship to Tenant:	Landlord's Name:
Landlord's Address:	Landlord's Telephone Number:
Landlord's Signature:	Landlord's E-mail Address:
Date:	Owner's Name (If different than landlord):
Owner's Address:	Owner's Telephone Number: Owner's E-mail Address: