

SHELTER VERIFICATION FORM

ONONDAGA COUNTY DEPARTMENT OF SOCIAL SERVICES
421 MONTGOMERY STREET
SYRACUSE, NEW YORK 13202

Dear Landlord/Manager/Designee:

We are currently reviewing the assistance case of the person named below. In order to complete our evaluation of this case, we need information regarding household composition and shelter expenses.

Please complete the entire questionnaire on the reverse side of this form. The form must be signed, dated, and include a daytime telephone number where you can be reached.

This form is for verification purposes only, and does not imply any obligation on the part of this Agency.

Thank you for your cooperation in this matter.

TENANT RESPONSIBILITY AGREEMENT

A *Tenant Responsibility Agreement (TRA)* is an agreement with the Onondaga County Department of Social Services to pay for tenant-caused damage when he/she vacates the property. It does not cover unpaid rent owed or other charges incurred by the tenant. Requesting a *TRA* does not guarantee that one will be issued.

To request a *Tenant Responsibility Agreement* in lieu of a security deposit from this tenant, please contact the City of Syracuse at (315) 448-8695 for addresses within the City of Syracuse or the Onondaga County Department of Services Housing Department at (315) 435-2200 for Addresses outside the City of Syracuse.

Applicant/Recipient Name: _____

Worker Name: _____ Worker Number: _____

Worker Phone #: _____ Date: _____

SHELTER VERIFICATION FORM - TO BE COMPLETED BY LANDLORD ONLY

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| <p>AGENCY USE ONLY</p> <p>NEW ADDRESS? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>STOP RENT? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>SERIOUS CODE VIOLATIONS? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><input type="checkbox"/> STREET LISTING</p> | <p align="center">1. SHELTER DESCRIPTION</p> <p>TENANT/APPLICANT/RECIPIENT NAME: _____</p> <p>ADDRESS: STREET: _____ APT#: _____</p> <p>CITY: _____ COUNTY: _____ ZIP: _____</p> <p>TYPE OF DWELLING <input type="checkbox"/> FACILITY NO. OF BEDROOMS: _____</p> <p><input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> ROOM & BOARD</p> <p><input type="checkbox"/> HOUSE _____ (MEALS INCLUDED IN RENT)</p> <p><input type="checkbox"/> TRAILER <input type="checkbox"/> ROOM IN PRIVATE HOME</p> <p><input type="checkbox"/> HOTEL/MOTEL ROOM (NO MEALS) IS ANY PART OF</p> <p><input type="checkbox"/> COMMERCIAL ROOMING HOUSE RENT USED BY LANDLORD</p> <p>ARE MEALS INCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N FOR HEAT OR UTILITIES</p> <p align="right"><input type="checkbox"/> Y <input type="checkbox"/> N</p> |
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| <p>AGENCY USE ONLY</p> <p><input type="checkbox"/> TENANT OF RECORD VERIFIED</p> <p>NAME: _____</p> <p>FOR ALL NPA'S <input type="checkbox"/> CLEARANCE</p> <p><input type="checkbox"/> CONTRIBUTION STATEMENT</p> | <p align="center">2. PERSONS RESIDING AT ABOVE ADDRESS / HOUSEHOLD COMPOSITION</p> <p>DATE TENANT MOVED IN OR WILL MOVE IN: _____</p> <p>WAS A CASH SECURITY DEPOSIT PAID BY THE TENANT? <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, AMOUNT: _____</p> <p>NAME OF PERSON(S) RESPONSIBLE FOR PAYING RENT: _____</p> <p>NAME OF ANY OTHER PERSON(S) PAYING RENT: _____</p> <p>WAS LEASE SIGNED? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>BY WHOM: _____ PERIOD OF LEASE: _____</p> <p>LIST ALL PERSONS LIVING AT THIS ADDRESS: TOTAL NUMBER OF PERSONS: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NAMES:</th> <th style="width:33%;">RELATIONSHIP TO TENANT:</th> <th style="width:33%;">DATE MOVED IN:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>IS THE LANDLORD RELATED TO ANYONE LISTED ABOVE? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N RELATIONSHIP: _____</p> <p>DOES LANDLORD LIVE IN THE SAME APARTMENT/RENTAL UNIT AS TENANT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> | NAMES: | RELATIONSHIP TO TENANT: | DATE MOVED IN: | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|---|--|----------------|-------------------------|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| NAMES: | RELATIONSHIP TO TENANT: | DATE MOVED IN: | | | | | | | | | | | | | | | | | |
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| <p>AGENCY USE ONLY</p> <p>SUBSIDY TYPE: <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> VOUCHER <input type="checkbox"/> OTHER: _____</p> <p><input type="checkbox"/> FUEL VERIFIED?</p> <p>CUSTOMER OF SERVICE: _____</p> <p>HEAT/UTILITY ACCT. NUMBER: _____</p> <p>SUA: <input type="checkbox"/> HT/AC <input type="checkbox"/> UTIL. <input type="checkbox"/> PHONE <input type="checkbox"/> HEAP <input type="checkbox"/> BOILER</p> | <p align="center">3. SHELTER EXPENSES</p> <p>AMOUNT OF TOTAL MONTHLY RENT: \$ _____</p> <p>IS RENT PAID UP-TO-DATE? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>FOR WHAT MONTHS DOES TENANT OWE RENT? _____</p> <p>AMOUNT OF RENT OWED: \$ _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>PUBLIC HOUSING? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p align="center">OR</p> <p>IS RENT SUBSIDIZED? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>WHO IS PAYING THE SUBSIDY? _____</p> <p>AMOUNT OF SUBSIDY: \$ _____</p> <p>TENANT'S SHARE: \$ _____</p> </div> <p>CHECK THE FOLLOWING WHICH ARE INCLUDED IN THE RENT:</p> <p><input checked="" type="checkbox"/> HEAT <input checked="" type="checkbox"/> HOT WATER <input checked="" type="checkbox"/> STOVE <input checked="" type="checkbox"/> WATER/SEWER</p> <p><input checked="" type="checkbox"/> ELECTRICITY <input checked="" type="checkbox"/> COOKING FUEL <input checked="" type="checkbox"/> REFRIGERATOR <input type="checkbox"/> OTHER: _____</p> <p><input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> FURNITURE <input checked="" type="checkbox"/> GARBAGE COLLECTION</p> <p>IF HEAT IS <u>NOT INCLUDED</u> IN THE RENT, CHECK THE TYPE OF FUEL USED AND INDICATE VENDOR:</p> <p><input type="checkbox"/> NATURAL GAS (1) <input type="checkbox"/> OIL (2) <input type="checkbox"/> KEROSENE (6) <input type="checkbox"/> WOOD (5)</p> <p><input type="checkbox"/> ELECTRICITY (3 OR 8) <input type="checkbox"/> PROPANE (7) <input type="checkbox"/> COAL (4) VENDOR: _____</p> <p>IF NON-HEATING UTILITIES ARE <u>NOT INCLUDED</u> IN THE RENT, INDICATE TYPE OF UTILITIES AND VENDOR: <input type="checkbox"/> ELECTRICITY: _____ <input type="checkbox"/> COOKING GAS: _____ <input type="checkbox"/> WATER: _____</p> <p>DOES THE TENANT(S) PAY TO YOU AN AMOUNT, SEPARATE FROM THE RENT, FOR:</p> <p>HEAT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N AMOUNT: \$ _____ OTHER NON-HEATING UTILITIES? AMOUNT: \$ _____</p> <p>WATER? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N AMOUNT: \$ _____</p> |
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