

ST LAWRENCE COUNTY DEPARTMENT OF SOCIAL SERVICES
LANDLORD STATEMENT

TENANT'S NAME _____ PHONE NUMBER _____

ACTUAL ADDRESS _____

MAILING ADDRESS _____ COUNTY OF RESIDENCE _____

DIRECTIONS TO HOME _____

TYPE OF DWELLING:	Apartment <input type="checkbox"/>	Hotel/Motel Room <input type="checkbox"/>
	House <input type="checkbox"/>	*Commercial Rooming House <input type="checkbox"/>
	Trailer <input type="checkbox"/>	*Room in Private Home <input type="checkbox"/>
		*Is any part of the Room Rent used For Heat or Utilities <input type="checkbox"/> YES <input type="checkbox"/> NO

DATE TENANT MOVED (OR WILL MOVE) IN: _____

AMOUNT OF TOTAL MONTHLY RENT: \$ _____	TENANT'S SHARE OF RENT \$ _____	IS RENT SUBSIDIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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RENT INCLUDES:	FUEL TYPE _____	MEALS <input type="checkbox"/> YES <input type="checkbox"/> NO
HEAT <input type="checkbox"/> YES <input type="checkbox"/> NO	DEALER _____	ELECTRICITY <input type="checkbox"/> YES <input type="checkbox"/> NO
ACCOUNT NAME _____		TRASH REMOVAL <input type="checkbox"/> YES <input type="checkbox"/> NO
		AIR CONDITIONING <input type="checkbox"/> YES <input type="checkbox"/> NO

TOTAL NUMBER OF PERSONS OCCUPYING THIS RENTAL UNIT: _____

PLEASE LIST ALL PERSONS IN THE HOUSEHOLD: 1) _____ 2) _____

3) _____ 4) _____ 5) _____ 6) _____

7) _____ 8) _____ 9) _____ 10) _____

This form is to be used to figure a shelter allowance. False statements made herein are punishable as a CLASS A MISDEMEANOR pursuant to Section 210.45 of the Penal Law.

The undersigned certifies that he/she is the () Owner () agent of the specified property and that to the best of his/her knowledge, he/she has answered all of the questions truthfully.

LANDLORD'S NAME _____ DATE SIGNED _____

SIGNATURE OF LANDLORD _____ PHONE # _____

ADDRESS OF LANDLORD _____

IS THE LANDLORD RELATED TO THE TENANT: YES NO

If residing with landlord, please submit an occupancy statement.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE LANDLORD OR AGENT