



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

1b. Number of bedrooms in the unit the renter occupies: _____

2. If renter is renting only a room: Number of roommates in renter's room: _____
2a. 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

4a. 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: _____

6a. Does tenant pay for heat? If so: Fuel Dealer: _____ Account#: _____

6b. Does tenant pay for electricity? If so: Electric Provider: _____ Account#: _____

7. Cooking fuel type: Natural gas Bottled gas Electric

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

8a. 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. Please confirm name and address of fuel provider, including your account number: _____

2. Who is your electricity provider? _____

2a. Name on account: _____ Account number: _____

3. **I hereby certify that this Shelter Expense Statement is correct to the best of my knowledge.**

➤ 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.