



**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.  
 Condo  Other : \_\_\_\_\_  
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:**  
 VRS  Housing Choice Voucher/Section 8  
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

▷Once completed this form cannot be shared with the landlord without the renter's written consent◁

10. A deposit of \$ \_\_\_\_\_  Has been paid  Is due

11. Is rent overdue?  No  Yes – Amount due: \$ \_\_\_\_\_

11b. Is the tenant at risk of being evicted?  No  Yes

12. Rent was last paid on \_\_\_\_\_ for the period \_\_\_\_\_ to \_\_\_\_\_

➤ Landlord's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to tenant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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## 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: \_\_\_\_\_

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**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.

▷ Once completed this form cannot be shared with the landlord without the renter's written consent ◁