VERMONT

Shelter Expense Statement

202H

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. Are you renting:

☐ A room ☐ Mobile Home ☐ Duplex ☐ Apartment or ☐ House - specify:_____

1a. If renting an apartment is it a multi-unit complex? ☐ No ☐ Yes

1b. How many renters are living with you in your unit? _____

1c. How many bedrooms are in your unit? _____

1d. If you are renting a room only, how many roommates are in your room? _____

1e. Does room rent include meals? ☐ No ☐ Yes IF YES, how many meals are included? _____

2. Contracted rent amount: $_____ per _____ Tenant's share of the rent: $_____ per _____

3. Is this subsidized/public housing? ☐ No ☐ Yes - **IF YES**:

☐ VRS ☐ Housing Choice Voucher/Section 8

3a. Housing Authority: _____

4. The rental amount includes payment in full for: (check every item included)

☐ Rent only ☐ Hot water ☐ Cooking fuel ☐ Telephone ☐ Lot rent
☐ Heat ☐ Lights ☐ Food ☐ Garbage/Trash removal ☐ Condo fees ☐ Water/Sewer
☐ Air conditioning ☐ Other (specify):_____

5. What types of heating fuel can the rental unit use? Main type: _____ Other types:_____

5a. Does tenant pay for heat? If so: Fuel Dealer:_____ Account#:_____

5b. Does tenant pay for electricity? If so: Electric Provider:_____ Account#:_____

6. Cooking fuel type: ☐ Natural gas ☐ Bottled gas ☐ Electric

7. Is this temporary housing? ☐ No ☐ Yes - **IF YES**:

☐ Transitional Unit ☐ Emergency Shelter

7a. Please list provider: _____

8. 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**◁

9. A deposit of $ _____ ☐ Has been paid ☐ Is due

10. Is rent overdue? ☐ No ☐ Yes – Amount due: $ _____

10a. Is the tenant at risk of being evicted? ☐ No ☐ Yes

11. Rent was last paid on _____ for the period _____ to _____

➢ Landlord's Signature: _____ Print Name: _____

Date: _____ Relationship to tenant: _____ 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.

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