

## LANDLORD INQUIRY

Date \_\_\_\_\_

|                   |                   |
|-------------------|-------------------|
| CASE NAME _____   | PAYEE _____       |
| ADDRESS _____     | CASE NUMBER _____ |
| CITY, STATE _____ | DUE BY _____      |

I give my consent to the landlord/owner to release the following information to the Department of Job & Family Services. I am aware of my responsibility to report completely and timely all facts which bear upon my eligibility for Public Assistance. If I wish to receive a deduction for shelter costs, utility costs, dependent care expenses, medical expenses (elderly or disabled only) or legally obligated child support paid to a non-household member, I must provide verification of these expenses. If I do not report or verify any of these expenses within the time frames allowed, my eligibility and benefit level will be determined without providing a deduction for a claimed but unverified expense.

\_\_\_\_\_  
Applicant/Recipient Signature Date

**TO BE COMPLETED BY THE LANDLORD/PROPERTY OWNER OR HEAD OF HOUSEHOLD ONLY**

- 1) List the address for the tenant \_\_\_\_\_
- 2) Date moved in \_\_\_\_\_ or out \_\_\_\_\_
- 3) Complete the one section that describes this housing arrangement:

A) Rents a separate apartment or home for \$ \_\_\_\_\_ a month rent. Which utilities are they responsible to pay? (Please Circle) ELECTRIC, GAS, TELEPHONE, WATER, NONE. Are they responsible for heating? YES NO  
Are they responsible for cooling? YES NO. Total number of people who live in home/apt. \_\_\_\_\_

| <u>Names of people in the home</u> | <u>Relation to Tenant</u> |
|------------------------------------|---------------------------|
| _____                              | _____                     |
| _____                              | _____                     |
| _____                              | _____                     |

B) Shares the use of my home and pays \$ \_\_\_\_\_ a month rent.  
Total number of people who live here \_\_\_\_\_ (include yourself)

| <u>Names of people in the home<br/>(Include yourself)</u> | <u>Relation to Tenant</u> |
|-----------------------------------------------------------|---------------------------|
| _____                                                     | _____                     |
| _____                                                     | _____                     |
| _____                                                     | _____                     |

My monthly housing costs are:

|                       |    |       |
|-----------------------|----|-------|
| Rent/Mortgage payment | \$ | _____ |
| Taxes/Insurance       | \$ | _____ |
| Utilities             | \$ | _____ |

C) Other housing arrangement. Describe and state monthly charge \_\_\_\_\_

4) Does LMHA, Section 8 or Brooks' Amendment or anyone pay a portion of the rent? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, how much? \$ \_\_\_\_\_

5) Other comments \_\_\_\_\_

Thank you for your prompt attention. As landlord, please certify the above information with your signature.

\_\_\_\_\_  
Landlord Signature Date

\_\_\_\_\_  
Address

|                |                    |                      |           |
|----------------|--------------------|----------------------|-----------|
| Home Telephone | Business Telephone | Caseworker Signature | Telephone |
|----------------|--------------------|----------------------|-----------|