

SHELTER COST STATEMENT

Case Name:
 Case Number:
 Worker Name:
 Worker Number:
 Worker Telephone:
 Date:

IMPORTANT NOTE



It is necessary that you provide additional information to your worker. Please complete this form and return it to your worker by:

If you need more room for your answers, please attach a separate sheet of paper . Please sign and date on the second page, as the signature portion has moved to the back of the form.

| | |
|---------------|-------------------------------------|
| Street: | Landlord's/Roommate's Name: |
| City: | |
| State: Zip: | Landlord's/Roommate's Phone Number: |
| Phone Number: | |

| Name | Age | Relationship | Purchase/Prepare Food Separately | | Rent Obligation Amt. | Utilities Obligation Amt. |
|------|-----|--------------|----------------------------------|-----------------------------|----------------------|---------------------------|
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ |

PROVIDE VERIFICATION OF YOUR RENT AND UTILITY COSTS



If you have moved or your housing situation has changed, attach copies of your new rental agreement, or rent receipt, and/or utility bills.

Date of your move or change to your household: _____

Amount of rent I pay: _____ Total amount of rent: _____

Do you live in military or Housing Authority housing? Yes No

List anyone living in your home who receives SSI benefits and how much rent they pay.

| SSI person's name | Amount of rent paid |
|-------------------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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| I pay utilities to _____ | | Are utilities included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|------------------------------|--|--|
| UTILITY | DO YOU PAY FOR? | | USED FOR HEATING OR COOLING |
| Gas | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Electricity | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other Fuel (such as propane, butane, wood, coal, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Water | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Garbage or Trash | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Sewer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Telephone/other means of communication such as internet, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| I declare that the information contained in this statement is true, correct, and complete. | | | |
| Applicant's/Recipient's Signature : _____ | | Date : _____ | |

Landlord's/Roommate's Signature

Date