



SUFFOLK COUNTY DEPARTMENT OF SOCIAL SERVICES
HOUSING VERIFICATION

CASE NAME:
CASE NUMBER:

DATE:
TELEPHONE #

IN ORDER TO VERIFY YOUR RESIDENCE AND HOUSEHOLD COMPOSITION (MEMBERS OF YOUR FAMILY WHO LIVE WITH YOU) YOU MUST HAVE THIS FORM FILLED OUT. IF YOU ARE A PAYEE FOR A CHILD ON PUBLIC ASSISTANCE, OR IF YOU ARE RELATED TO THE PERSON WHO PAYS YOU RENT, OR IF YOU ARE A HOME OWNER, YOU MUST ALSO USE SECTION II.

SECTION I - VERIFICATION OF RENT

MUST BE COMPLETED IN FULL ONLY BY LANDLORD (OWNER OF RECORD) OR AUTHORIZED REPRESENTATIVE. I HEREBY VERIFY THAT I OWN AND I AM RENTING THE PREMISES AT: TO: (WHO PAYS THE RENT?) EXACT STREET ADDRESS CITY/TOWN ZIP

PLEASE LIST ALL THE PEOPLE WHO LIVE IN THIS DWELLING WHO PAY RENT TO YOU. IF TWO OR MORE UNRELATED RESIDENTS SHARE A ROOM, YOU MUST PROVIDE THE NAMES OF THOSE WHO SHARE.

NAMES OF ALL ADULTS IN THE HOME
NAMES OF ALL CHILDREN IN THE HOME

1. TYPE OF HOUSING:
APARTMENT, ROOM WITH COOKING PRIVILEGES, COMMERCIAL ROOMING HOUSE, NON-COMMERCIAL ROOMING HOUSE, LICENSED CONGREGATE CARE LEVEL, HOUSE, ROOM & MEALS, COMMERCIAL BOARDING HOUSE, NON-COMMERCIAL BOARDING HOUSE, SUPPORTIVE, SUPPORTED, OTHER, TRAILER, ROOM ONLY

2. DO YOU (THE LANDLORD) LIVE AT THE SAME ADDRESS? IF YES, DOES THE TENANT HAVE A SEPARATE ENTRANCE, KITCHEN, BATHROOM? YES, NO

3. IF OTHER PEOPLE SHARE THIS DWELLING, DOES THE ABOVE TENANT HAVE A SEPARATE ENTRANCE, KITCHEN, BATHROOM?

4. CHECK THE FOLLOWING THAT IS INCLUDED IN THE RENT: HEAT, ELECTRICITY, WATER/SEWER, AIR CONDITIONING, GARBAGE COLLECTION, COOKING GAS, HOT WATER, HEATING EQUIPMENT, STOVE, FURNITURE, REFRIGERATOR

5. IF HEAT IS NOT INCLUDED IN RENT, CHECK TYPE OF FUEL USED: OIL, KEROSENE, ELECTRICITY, PROPANE, NATURAL GAS, COAL, WOOD, WHOSE NAME IS ON THE FUEL BILL?

6. DOES THE FURNACE HEAT: ONLY THIS APT., ENTIRE HOUSE, OTHER (SPECIFY)

7. DOES THE ELECTRIC METER SERVICE: ONLY THIS APT., ENTIRE HOUSE, OTHER (SPECIFY)

8. THE TOTAL AMOUNT OF RENT IS \$ PER WEEK, MONTH, OTHER

9. IS THE RENT PAID UP TO DATE? YES, NO THE AMOUNTS AND DATES OF RENT OWED ARE:

10. DOES ANYONE FROM OUTSIDE THE HOUSEHOLD PAY ALL OR PART OF THE RENT? YES, NO IF YES, PLEASE EXPLAIN

11. IF THE RENT IS FOR A ROOM, IS ANY PART OF THE RENT USED FOR HEAT OR UTILITIES? YES, NO

12. IS THE RENT SUBSIDIZED BY ANY OTHER SOURCE? YES, AMOUNT \$, NO

13. IF RENT IS SUBSIDIZED BY SECTION 8 (ATTACH COMPLETED SECTION 8 NOTICE) TYPE OF SUBSIDY CERTIFICATE, VOUCHER, OTHER

CASE NAME: _____ CASE NUMBER: _____

14. ARE YOU RELATED TO ANYONE IN THIS HOUSEHOLD? YES NO If yes, what is the relationship? _____

15. IF YOU ARE RELATED TO ANYONE IN THIS HOUSEHOLD PLEASE HAVE SECTION II COMPLETED

LANDLORD PLEASE NOTE

If the heating system does not work properly and the health and welfare of the family is in jeopardy, it is understood that landlords will repair the system in a timely fashion. It is further understood that in **emergency situations** if such repairs are not made within 3 hours the landlord authorizes the Department of Social Services to make any necessary emergency repairs to the heating system on behalf of the tenant. It is further understood that the landlord will reimburse the Department of Social Services for the costs of such repairs.

The landlord also acknowledges that the Suffolk County Department of Social Services makes no representations as to the compliance of this housing with the building or zoning codes of any municipality, and that the landlords providing of housing to a DSS client will not be interpreted as approval of this housing by the Department of Social Services or any other government agency for any such code purposes.

This form must be signed by property owner of record or authorized Agent only.

Print Landlord's Name _____ Soc. Sec. Or Fed. ID No. _____

Landlord's Signature _____ Phone # _____

Print Name of Property Owner from Current Tax Bill _____

Address _____ Date _____

*Authorized Agent Only: Name _____ Phone # _____

Address _____ Date _____

Social security or Federal ID No. _____

***COMPLETE AND ATTACH ASSIGNMENT AGREEMENT SCO 344A (Rev. 6/2000)**

DO YOU NEED ASSISTANCE IN REGISTERING TO VOTE?

Yes: Please send me voter registration information **No:** I am already registered or decline to do so.

SECTION II This section should be completed by a professional person who knows you and your family. This person may be a doctor, lawyer, social worker or member of the clergy. **If you are a payee for a child on Public Assistance, or related to the person who pays you rent, or are a homeowner, you must use this section.**

THIS FORM IS BEING COMPLETED BY ONE OF THE FOLLOWING INDIVIDUALS:

Doctor Attorney Clergy Other _____

I, _____, do hereby state that the individual(s) named below live at:

Exact Street Address _____

City/Town _____ **Zip** _____

NAMES OF ALL ADULTS IN THE HOME

NAMES OF ALL CHILDREN IN HOME

(Signature) (Date)

ADDRESS _____

CITY/STATE _____ ZIP _____

NOTE: If you have used section II you must attach or bring three recent mortgage/rent receipts/ and or lease.