



VERIFICATION OF SHELTER EXPENSES

Date: _____

Case Name: _____

Case Number: _____

DCF Office Address/FAX #: _____

Please fill out this form to show how much you charge for rent for _____ and return the form to us by _____.

1. _____ must pay me \$_____ for: Rent or Room and Meals each Week or Month or Other: _____

2. Check any of these expenses that are included in the rent: Electric Gas Water Sewer Garbage Telephone

3. Does the renter pay or help pay to heat or cool the home with an air conditioner, fireplace, or space heater? Yes No
If **No**, does the renter pay for: Electric Gas Water Sewer Garbage Telephone?

4. This property is located at: _____
Give the full name of the person making the payment: _____

5. What is the amount \$_____ and date _____ of last payment?

6. Is the payment past due? Yes No If **Yes**, how much is past due? _____

7. How many adults _____ and how many children _____ live at this address?

For HUD or Section 8 Landlords Only:

8. How much is the rent after HUD or Section 8 deductions? \$_____

9. Is a utility allowance paid? Yes No If **Yes**, how much? \$_____

What I have written on this form is true. I know if I write amounts that are not true on purpose, I could get charged with fraud.

Signature of Rent Collector / Landlord

Relationship to Renter

Address

Telephone

Date Completed