|  |  |  |
| --- | --- | --- |
| C:\Users\brombma\Pictures\Transforming Lives.png | **Statement from Landlord / Manager** | DSHS MAILING ADDRESS**DSHS, PO BOX 11699, TACOMA WA 98411-9905** |
| DSHS PHONE NUMBER | DSHS FAX NUMBER |
| CASE / CLIENT ID NUMBER | DATE |
| **Property Owner or Authorized Manager: Complete all sections below with only the information you know to be true. Write “unknown” to questions you can’t answer. (Do not leave any box blank.)** | The Department of Social and Health Services is in the process of determining this client’s eligibility. Please provide the information requested below.FINANCIAL SERVICES SPECIALIST’S SIGNATURE |
| **A. Rental or leased unit and tenant information:** |
| 1. STREET ADDRESS APARTMENT (APT) NUMBER | 5. NAMES OF ALL ADULTS AND CHILDREN LIVING AT THIS ADDRESS |
| CITY STATE ZIP CODE |  |
| 2. TENANT’S NAME |  |
| 3. DATE MOVED IN | 4. TYPE OF RESIDENCE | Attach more pages if needed. |
| **B. Rent information:** |
| 6. TOTAL RENT AMOUNT | 7. HOUSING AGENCY AMOUNT, IF ANY$  | 8. TENANT’S RENT AMOUNT$  | 9. DATE THE AMOUNT IN BOX 8 STARTED |
| 10. NAME OF PERSON(S) PAYING THE RENT | 11. NAME OF PERSON(S) PAYING THE RENT |
| 12. PLEASE ANSWER THE FOLLOWING QUESTIONS:  Does the tenant pay only a portion of the amount in box 8? [ ] No [ ]  Yes, amount: $  Does the tenant work for a portion of the amount in box 8? [ ] No [ ]  Yes, amount: $   Number of hours worked per month: \_\_\_\_\_\_\_\_\_\_How does the tenant pay the rent? [ ]  Cash [ ]  Check/Debit Card [ ]  Money Order  [ ] Other (specify):   |
| **C. Utilities information: Mark the box(es) that apply.** |
| 13. The main source of heating for this residence is: [ ]  Electric [ ]  Wood [ ]  Gas  [ ]  Propane [ ]  Other (specify):  YES NO14. Is there a separate meter for gas and electric? [ ]  [ ] 15. Does the tenant pay for air conditioning? [ ]  [ ]  | 16. Are all utilities included in the rent? [ ]  Yes [ ]  No If NO, mark the box(es) the tenant pays for: [ ]  Electric [ ]  Water/sewer [ ]  Gas [ ]  Telephone [ ]  Propane [ ]  Garbage [ ]  Wood [ ]  Other (specify):  |
|  |
| 17. LANDLORD/MANAGER’S NAME | **18. Property Owner’s Name****(If different from Landlord/Manager)** |
| STREET ADDRESS OR PO BOX NUMBER | OWNER’S NAME |
| CITY STATE ZIP CODE | STREET ADDRESS OR PO BOX NUMBER |
| WORK TELEPHONE NUMBER | HOME TELEPHONE NUMBER | CITY STATE ZIP CODE |
| LANDLORD/MANAGER SIGNATURE | DATE | WORK TELEPHONE NUMBER | HOME TELEPHONE NUMBER |