



# Broome County Department of Social Services

Debra A. Preston, County Executive . Arthur R. Johnson, LCSW, Commissioner

**\*\*THIS FORM MUST BE COMPLETED BY THE LANDLORD\*\***

Please Answer ALL Questions, If Not Complete This Form Will Be Returned

## SHELTER DESCRIPTION

|   |                          |
|---|--------------------------|
| TENANT NAME: _____  | LANDLORD NAME: _____     |
| ADDRESS: _____<br>_____   | ADDRESS: _____<br>_____  |
| TENANT OF RECORD: _____   | OWNER OF PROPERTY: _____ |
| DATE OF OCCUPANCY: _____  | PHONE # - HOME: _____    |
| NUMBER OF BEDROOMS: _____   | WORK: _____              |
| CHECK TYPE OF DWELLING:      Apartment <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Trailer <input type="checkbox"/> Room & Board <input type="checkbox"/><br>Congregate Care Level Two <input type="checkbox"/> Room in home with kitchen privileges <input type="checkbox"/> Hotel/Motel Room <input type="checkbox"/> |                          |

## SHELTER EXPENSES

AMOUNT OF TOTAL RENT: \$ \_\_\_\_\_ PER \_\_\_\_\_ IS RENT SUBSIDIZED? YES  NO

AGENCY THAT SUBSIDIZES: \_\_\_\_\_ TYPE OF SUBSIDY: VOUCHER \_\_\_\_\_ CERTIFICATE \_\_\_\_\_

AMOUNT OF SUBSIDY: \_\_\_\_\_ TENANT PAYS: \$ \_\_\_\_\_

HAS A CASH SECURITY BEEN PAID?  YES  NO  
IF NO ARE YOU REQUESTING A TENANT LANDLORD AGREEMENT?  YES  NO

CHECK THE FOLLOWING WHICH ARE INCLUDED IN THE RENT:

HEAT                       ELECTRICITY                       COOKING FUEL                       MEALS                       WATER/SEWER  
 HEATING EQUIPMENT     HOT WATER                       STOVE/REFRIGERATOR     FURNITURE                       GARBAGE COLLECTION

IF HEAT IS NOT INCLUDED IN THE RENT, PLEASE CHECK TYPE OF FUEL USED:

NATURAL GAS     KEROSENE     PROPANE     COAL    Who's name is on the fuel bill? \_\_\_\_\_

OIL                       ELECTRICITY                       WOOD                      Heating Fuel Supplier: \_\_\_\_\_

Electric Supplier: \_\_\_\_\_                      Cooking Fuel Supplier: \_\_\_\_\_

## HOUSEHOLD COMPOSITION

| Number of persons living in the rental unit: | Names: | How Long? | Names: | How Long? |
|--|--------|-----------|--------|-----------|
| _____  | _____  | _____     | _____  | _____     |
| _____  | _____  | _____     | _____  | _____     |
| _____  | _____  | _____     | _____  | _____     |

Does anyone listed above have a telephone?  Yes  No    If Yes, Phone Number: (    ) \_\_\_\_\_

Does anyone listed above perform any services for you which he/she receives a lower rent?  Yes  No    Who \_\_\_\_\_

List all persons in the household who are employed, to the best of your knowledge:

|             |                                  |
|-------------|----------------------------------|
| Name: _____ | Employer/Address/Phone No. _____ |
|-------------|----------------------------------|

