**\*\*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: Address:

Tenant of record: OWNER OF PROPERTY:

Date of occupancy: Phone # - Home:

Number of bedrooms: Work:

Check Type of dwelling: Apartment  Single Family  Two Family  Trailer  Room & Board

Congregate Care Level Two  Room in home with kitchen privileges  Hotel/Motel Room

# 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 SECURITY agreement GUARANTEE?  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 Names: How Long? Names: How Long?

living in the rental

unit:

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.

**APPLICANT / RECIPIENT RESPONSIBILITIES**

**You are required to give a minimum of 30 days written notice to your Landlord and Social Services worker of intended move.**

Failure to do so could result in your liability for that month's rent even though you are no longer at that address.

Should we be required to make that payment on your behalf, your monthly grant will be reduced until that amount has been recovered.

Keep in mind you must give your Social Services worker enough time to make the necessary changes.

**DO NOT FILL OUT THE FRONT OF THIS FORM, INSTEAD GIVE TO THE LANDLORD OR THEIR AUTHORIZED AGENT. THIS** **FORM MUST BE COMPLETED BY THE LANDLORD, OTHERWISE THE FORM WILL NOT BE ACCEPTED BY THE SOCIAL SERVICES WORKER.**

### LANDLORD RESPONSIBILITIES

Answer ALL questions on the front of this form, and sign on the back of the form.

Be sure to include your telephone number so this Agency can verify your completion of the form.

This agency must be notified in writing if and when any changes in the amount of the rent or number of occupants or ownership of property occurs.

**PLEASE READ**: This statement is for verification purposes only. It does not constitute an agreement between this agency and the landlord. **The tenant is solely and legally responsible for rent and damage payments**. It is the tenant’s responsibility to notify the landlord when vacating the property. BROOME COUNTY DEPARTMENT OF SOCIAL SERVICES CANNOT BE RESPONSIBLE FOR RENT PAYMENT WHEN AN APPLICANT / RECIPIENT MOVES WITHOUT GIVING A 30 DAY NOTICE OR FOR DAMAGES **UNLESS** A SECURITY AGREEMENT GUARANTEE IS IN EFFECT. CLIENT CONFIDENTIALITY IS PROTECTED UNDER THE PRIVACY ACT. RELEASE OF INFORMATION IS PROHIBITED.

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**LANDLORDS WITHOUT A VENDOR ID NUMBER must return forthcoming W-9 to this agency's Accounting Department before rent can be issued.**

**CERTIFICATION/ VERIFICATION BY SUBSCRIBER AND NOTICE: I, the undersigned hereby certify that the information in this statement is true and correct and that the form was completed by the landlord before being signed. I also certify that the premises are in compliance with all local building codes. If the property is sold or the tenant is no longer residing in the premises, I will contact the Agency immediately.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Landlord Signature Date Tenant Signature Date**

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## FOR RESTRICTED PAYMENTS FOR PUBLIC ASSISTANCE CASES ONLY

This Department can make rental payments directly to the landlord. The applicant / recipient must also agree in writing to have the rent sent directly to the owner. Any rent increase requires an updated signature from the recipient. I request that the Broome County Department of Social Services shall pay the following bill(s) out of my grant on my behalf:

Fuel / Utilities for Heating Only: I understand the Department of Social Services will reduce my Public Assistance cash grant accordingly. I understand that I will remain on vendor payments until the end of the heating season (October 1 - September 30) at which time I may request to have the restriction ended or until my case closes whichever occurs first. I understand that my fuel allowance or fuel and an amount for domestic cost will be restricted from my grant for this entire period.

Other restricted Payments: I understand the Department of Social Services will reduce my Public Assistance cash grant accordingly. I understand that I have the right to have restricted payments discontinued at any time by making a request in writing to the Department of Social Services.

I agree to have the rent sent directly to landlord: \_\_\_\_YES \_\_\_\_NO AMOUNT $\_\_\_\_\_\_\_\_\_\_\_\_ EFFECTIVE\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to have heating fuel vouchered \_\_\_\_YES \_\_\_\_NO AMOUNT $\_\_\_\_\_\_\_\_\_\_\_\_ EFFECTIVE\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to have electricity vouchered \_\_\_\_YES \_\_\_\_NO AMOUNT $\_\_\_\_\_\_\_\_\_\_\_\_ EFFECTIVE\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to have cooking fuel vouchered \_\_\_\_YES \_\_\_\_NO AMOUNT $\_\_\_\_\_\_\_\_\_\_\_\_ EFFECTIVE\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT/RECIPIENT SIGNATURE: DATE:

LANDLORD’S SIGNATURE: DATE:

Landlord’s Social Security No./Federal I.D. No. Vendor ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must be included for direct rent payments. If a recipient moves, case closes or there are case changes and you are receiving direct rent payments you will be notified by this agency when they will cease. This agency is not obligated to give you 30 days’ notice when this situation occurs.

11/3/20 - TS