|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **Statement from Landlord / Manager** | | | | CCSCC MAILING ADDRESS | | | |
| CCSCC PHONE NUMBER | | CCSCC 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.)** | | | | | | | | | | |
| **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 NO  14. 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 |