



**Southwest Ohio
County Departments of
Job & Family Services**

Clermont County DJFS
Office of Adult, Child and Family Stability
2400 Clermont Center Dr., Batavia, Ohio 45103
Phone: 513-732-7111
Fax: 513-732-7216, 513-732-7195
Website: www.acfs.clermontcountyohio.gov

HOUSEHOLD MEMBER / SHELTER / UTILITY VERIFICATION

PART I: Case Information: To be completed by the COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

| | | | | |
|-----------------|--------------|-------------|-----------------|------------|
| Applicant Name: | Case Number: | Caseworker: | Worker's Phone: | Date Sent: |
|-----------------|--------------|-------------|-----------------|------------|

PART II: Release of Information: To be completed and signed by the APPLICANT

My landlord's name is: _____
 My landlord's address is: _____
 My landlord's phone number is: _____

My signature below means that I give the person indicated permission to furnish all information about me that is requested on this form. I understand this information will be used to establish my eligibility for public assistance. I also give the Department of Job and Family Services permission to contact this person to obtain or clarify any information contained on this form.

| | | |
|----------------------|--------|-------|
| Applicant Signature: | Phone: | Date: |
|----------------------|--------|-------|

PART III: Household Member Information: To be completed by:

LANDLORD or NON-RELATIVE/NON-HOUSEHOLD MEMBER

Regarding the address of : _____ OH _____
Street Address City Zip

List all individuals who live at this address: (including children) Use the back of this form if additional space is required.

| First Name | Last Name | Relationship to Applicant | Date of Birth (optional) | Date (s)he began or will begin living at above address |
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PART IV: Tenant/Rent/Utility Info: To be completed by LANDLORD ONLY

| | | | | |
|---|------------------|--|---|------|
| Tenant Name(s) who signed the rental agreement: (First & Last) | First Name | Last Name | | |
| | First Name | Last Name | | |
| Street Address: | Apt. # or Floor: | City: | State: | Zip: |
| Enter amount of monthly rent charged to tenant. (DO NOT include subsidy, arrearage, late fees, optional fees, or lot rent.) | \$ | Type of Structure: | Check which of the following the tenant must pay themselves: | |
| Is rent subsidized? | \$ | <input type="checkbox"/> Single Dwelling | <input type="checkbox"/> Heat <input type="checkbox"/> Sewer <input type="checkbox"/> Trash | |
| <input type="checkbox"/> No; <input type="checkbox"/> Yes - If yes, amount of monthly subsidy: | | <input type="checkbox"/> Apartment Complex | <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Phone | |
| Does the tenant receive a utility reimbursement check? | \$ | <input type="checkbox"/> Duplex | <input type="checkbox"/> Electric <input type="checkbox"/> Air Conditioning | |
| <input type="checkbox"/> Unknown; <input type="checkbox"/> No; <input type="checkbox"/> Yes - If yes, enter amount: | | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Other _____ | |
| | | If mobile home, tenant lot rent: \$ _____ | | |
| | | <input type="checkbox"/> Other _____ | | |

PART V: SIGNATURE

My signature below indicates that I completed this form and it is accurate to the best of my knowledge.

| | | | |
|--------------------------------------|----------|--------|-------|
| Signature of person completing form: | Address: | Phone: | Date: |
|--------------------------------------|----------|--------|-------|

Are you the landlord? No Yes
 Are you someone other than the landlord? No Yes If yes, specify relationship: _____