



Shelter Expense Statement

202H

Rent Certification (to be completed by landlord) This form is intended to clarify the specific out-of-pocket housing costs and living arrangements of this person and all other people living with them.

I certify that _____ is a tenant in one of my rental units and began/will begin paying \$ _____ per _____ on _____ at _____
name of renter
amount month/week/other month/day/year
street address town state zip code

The following people share this rental unit: _____
Names of ALL people in the living unit

If renter is renting an **apartment**: Number of tenants in renter's apartment _____
Apartment is in 1 family house mobile home duplex (2 apts.) 3 or more apts. other - specify: _____

If renter is renting only a **room**: Number of roommates in renter's room _____
Does the room rent include renter's meals? No Yes - If yes, how many meals are included per day? _____

How many bedrooms are in the unit the renter occupies? 0 1 2 3 4 5

The rental amount includes payment in full for: (check every item included)
 rent only hot water cooking fuel telephone lot rent
 heat lights food rubbish removal condo fees
 air conditioning other - specify: _____

What types of heating fuel can the rental unit use? Main type _____ Other types _____

Is this subsidized housing? No Yes - If yes: Section 8? Section 23? Name of Housing Authority? _____
What is contract rent amount? \$ _____ per _____ What is this tenant's share of the rent? \$ _____ per _____
amount amount
Does renter receive a separate subsidized fuel and/or utility allowance? Yes - \$ _____ utility \$ _____ fuel
 No Unknown

A deposit of \$ _____ has been paid. is due.
Is rent overdue? No Yes - amount? \$ _____
Rent was last paid on _____ for the period _____ to _____
date date date

Print landlord's name

Signature of landlord Telephone number Date

Landlord's mailing address

Verification (to be completed by renter)

Name and address of fuel company or wood dealer _____

The above is a correct statement of my rent agreement with my: landlord relative

Signature of renter Date

New mailing address Renter's social security number

To The Renter: The Department for Children and Families (DCF) is required to verify all shelter expenses. **You may detach these instructions from the form before taking it to your landlord.** Your landlord may complete this form, or you can ask your landlord to provide a signed statement that includes all of the information requested above. Whichever way the landlord provides the information, you must complete the section above and return the form within 10 days in the postage paid envelope we provided.