Southwest Ohio County Departments of Job & Family Services

County Agency: WARREN COUNTY DEPARTMENT OF HUMAN SERVICES
Address: 416 S. EAST STREET, LEABNON, OHIO 45036
Phone: 513-695-1420
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Website: http://www.co.warren.oh.us/humanservices/
WARRE_CDHS_INFO@odjfs.state.oh.us

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 : _____ (Street Address) _____ (City) **OH** _____ (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

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: ☐ Single Dwelling ☐ Apartment Complex ☐ Duplex ☐ Mobile Home If mobile home, tenant lot rent: $ _____ ☐ Other _____	Check which of the following the tenant must pay themselves: ☐ Heat ☐ Sewer ☐ Trash ☐ Gas ☐ Water ☐ Phone ☐ Electric ☐ Air Conditioning ☐ Other _____
Is rent subsidized? ☐ No; ☐ Yes – If yes, amount of monthly subsidy:	$		
Does the tenant receive a utility reimbursement check? ☐ Unknown; ☐ No; ☐ Yes – If yes, enter amount:	$		

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:* _____