



Southwest Ohio
County Departments of
Job & Family Services

County Agency: Hamilton County Job & Family Services
Address: 222 E. Central Parkway Cincinnati OH 45202
Phone: 513) 946-1000
Fax: 513) 946-1076
Website: www.hcjfs.org

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:
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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 & Family Services permission to contact this person to obtain or clarify any information contained on this form.

Applicant Signature:	Phone:	Date:
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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

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