

**Holmes County Department of Job and Family Services**  
**85 N. Grant Street, P.O. Box 72**  
**Millersburg Ohio 44654**  
**Phone: 330-674-1111 or 1-800-971-7979**  
**Fax: 330-674-0770**

## Living Arrangement Verification Form

<b>Tenant/Renter/Occupant:</b>	<b>Date:</b>
<b>Address:</b>	<b>Case Number:</b>
<b>City, State, ZIP:</b>	<b>Case Manager:</b>

I, \_\_\_\_\_, hereby grant the Holmes CDJFS permission to contact the  
applicant name

landlord/property owner/third party regarding the below information. I am aware of my responsibility to report completely and fully all facts, which bear upon eligibility for county, state and federal programs.

**I understand that if the requested information reveals that I have improperly reported my situation, that the agency may pursue criminal charges for falsification and other related crimes.**

**PLEASE NOTE: The landlord/owner of the property/or third party must complete this form. If applicant is property owner, a third party, NOT living in the household must complete this form. The agency reserves the right to follow-up on this information to ensure that it is correct. IF YOU DO NOT PAY RENT, A THIRD PARTY MUST COMPLETE THIS FORM. RELATIVES OR OTHER MEMBERS LIVING IN THE HOME CANNOT COMPLETE THIS FORM.**

**FORM MUST BE COMPLETED BY THE LANDLORD/PROPERTY OWNER/THIRD PARTY FROM THIS POINT FORWARD**  
*Applicant : Please do NOT write from this point forward*

- List by First and Last Name, EACH PERSON, living at the above address.
- Include the relationship, of each household member if known.

Name	Relationship	Name	Relationship
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		If more than 9 household members, write the information on the back of this form.	

The total monthly rent amount is? \$ \_\_\_\_\_ Is rent paid up to date?  Yes  No

The tenant pays the rent to? \_\_\_\_\_  
Name of Person

Does Metro Housing pay any portion of the rent?  Yes  No If yes, how much? \$ \_\_\_\_\_

Does Metro Housing pay a utility credit allowance?  Yes  No If yes, how much? \$ \_\_\_\_\_

Are utilities included in the rent amount?  Yes  No

If no, which type of utilities does the tenant pay? \_\_\_\_\_

To whom does the tenant pay the utility bills?  Landlord  Utility Co.

What utility is used for heating? \_\_\_\_\_

Is there  Central Air Conditioning?  Window Unit Air Conditioning?  Wall Unit Air Conditioning?

**Signature of Person Completing this Form:** \_\_\_\_\_  Landlord or  Third Party  
**Printed Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_  
**Address** \_\_\_\_\_  
Address City State ZIP

**Mail, fax or drop off the completed form to the Holmes County Department of Job and Family Services. 04/30/08 rlc**