

**MONROE COUNTY DEPARTMENT OF HUMAN SERVICES
 LANDLORD STATEMENT – TO BE COMPLETED BY LANDLORD
 THIS IS NOT A CONTRACT – ALL QUESTIONS MUST BE ANSWERED**

Client name (print) _____ Case Number _____ Move in Date _____
 Mailing Address _____ City _____ State _____ Zip _____
 Legal Property Address (if different) _____

Check type of Dwelling

Apartment (# _____) House Amount of Monthly Rent \$ _____ Client's Share \$ _____
 Hotel/Motel Trailer If Increase, effective Date _____
 Rooming House Room in Private House Is rent past due? Yes No
 Number of Rooms to be Occupied _____ (not including Bath) If Yes, amount owed \$ _____ Dates _____

Check the items below that **ARE** included in the rent:

Heat Water/Sewer
 Electric Cooking Fuel
 Stove Refrigerator
 Furniture Meals # _____

If heat is **NOT** included in rent check, type of FUEL used:

Natural Gas Wood
 Electricity Oil
 Propane Other _____
 Separate Meter for each apartment? Yes No

Does Furnace Heat: Apartment Only or Entire House?

Is Rent Subsidized? No Yes Name of Subsidizing Agency _____

Name of Person Paying Rent _____ Total number of people residing in dwelling _____

<u>Name of tenants</u>	<u>Relationship</u>	<u>How long they have lived there</u>	<u>Type of income</u>	<u>Source</u>

THE TENANT IS AND REMAINS RESPONSIBLE FOR PAYMENT OF RENT.

MCDHS IS NOT RESPONSIBLE FOR NOTIFYING THE LANDLORD OF A TENANT'S INTENTION TO VACATE THE PROPERTY.

IT IS THE TENANT'S RESPONSIBILITY TO NOTIFY THE LANDLORD WHEN VACATING THE PROPERTY.

Have you accepted a cash security deposit? Yes No

Are you requesting a DSS Landlord/Tenant Security Agreement? Yes No

Are you requesting rent be paid directly by DSS? Yes (Vendor # _____) No

If you have any questions, you may call our Landlord Hotline at (585) 753-6034.

Property owner's name (print) _____ Day Phone _____

Landlord/Agent Signature _____ Date _____

Address _____ Day Phone _____

City _____ State _____ Zip _____ Evening Phone _____

Client Signature _____ Date _____ Day Phone _____

Violations RGE UVR UTX Assessor Address Split L/L Contacted

Landlord/Tenant Approved Y N Why? _____ Type of Dwelling Sgl Mult

Date Received _____ Unit/Worker _____