

HOUSEHOLD MEMBER / SHELTER / UTILITY VERIFICATION

Applicant Name:	Case #:	Worker Name:	Worker's Phone #:	Date Sent:
-----------------	---------	--------------	-------------------	------------

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 Butler County Department of Job & Family Services permission to contact this person to obtain or clarify any information contained on this form.

Applicant Signature Phone # Date

Household Member Information : To be completed by:				
<input type="checkbox"/> Landlord OR <input type="checkbox"/> Non-Relative/Non-Household Member				
Regarding the address of: _____, Ohio _____				
Street Address		City	Zip	
List all individuals who live at this address: (including children)				
First Name	Last Name	Relationship to Applicant	Date of Birth (optional)	Date he/she began or will begin living at above address

Tenant/Tent/Utility Information: To be completed by Landlord only				
Tenant name(s) who signed the rental agreement	First Name	Last Name		
	First Name	Last Name		
Street Address:		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"/> No <input type="checkbox"/> Yes – If yes, amount of monthly subsidy.	\$	<input type="checkbox"/> Single Dwelling	<input type="checkbox"/> Heat <input type="checkbox"/> Sewer <input type="checkbox"/> Trash	
Does the tenant receive a utility reimbursement check? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, enter amount.	\$	<input type="checkbox"/> Apartment Complex	<input type="checkbox"/> Gas	
		<input type="checkbox"/> Duplex	<input type="checkbox"/> Electric	
		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Air Conditioning	
		If mobile home, tenant lot rent: \$ _____	<input type="checkbox"/> Phone	
		<input type="checkbox"/> Other _____	<input type="checkbox"/> Water	
			<input type="checkbox"/> Other _____	

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:



COUNTY COMMISSIONERS
 CINDY CARPENTER
 DONALD L. DIXON
 T.C. ROGERS

BUTLER COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
 315 HIGH STREET, 8TH FLOOR, HAMILTON, OHIO 45011
 PHONE: 513.887.5600 • FAX: 513.887.4334
 E-MAIL: VERIFICATIONS@JFS.OHIO.GOV
 VISIT US ON THE WEB: WWW.BUTLERCOUNTYOHO.ORG/WORKPLACE