

STATEMENT OF RESIDENCE, HOUSEHOLD COMPOSITION, AND COST

PART I: To be completed by the MONTGOMERY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES.

Customer's Name		Case Number	Date Sent	Date Received
Tenant's Name (if different)	Program	JFS Specialist	UNID	Ext.

PART II: To be completed by CUSTOMER.

RELEASE OF INFORMATION My signature below means that I give the undersigned property owner (or his lawful agent) permission to furnish all information about me that is requested on this form. I understand that 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 the owner of the property (or lawful agent) where I live to obtain or clarify any information contained on this form.

Customer Signature	Date
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STOP! WARNING: COMPLETION OF ANY ITEMS BELOW BY CUSTOMER WILL INVALIDATE THIS FORM!

PART III: The information below is to be completed by THE OWNER (or lawful agent) of the property located at:

Street Address (include Apt.# if any)	City	State	Zip
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I am offering to rent the property above to:

I am renting the property above to:

Tenant's Name		Tenant's Address (include Apt.# if any)			
Type of Dwelling: (check one) <input type="checkbox"/> Single Family House <input type="checkbox"/> Double Rooming House <input type="checkbox"/> Boarding House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex	Does house/apt. have separate tenant entrances? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of people in tenant's home:	Number of rooms (do not include bath)	How long at this address?	Expected date of move in:
In whose name is living unit rented?		Did tenant sign rental lease with another person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list FULL name of person			
If customer shares this residence with someone, does customer have use of and access to the entire house? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the rooms customer is permitted to use.		Appliances included in rent: <input type="checkbox"/> None <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Washer <input type="checkbox"/> Dryer			
List the FULL names of ALL persons who are (or will be) living in tenant's home. Check those who are related to tenant, if known.					
G _____		G _____		G _____	
G _____		G _____		G _____	
G _____		G _____		G _____	
G _____		G _____		G _____	
Check which of the following are INCLUDED in tenant's rent: <input type="checkbox"/> cooling <input type="checkbox"/> trash <input type="checkbox"/> heating <input type="checkbox"/> water/sewer <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> fuel oil <input type="checkbox"/> wood <input type="checkbox"/> cooking fuel <input type="checkbox"/> _____	Check which of the following tenant must pay himself: <input type="checkbox"/> cooling <input type="checkbox"/> trash <input type="checkbox"/> heating <input type="checkbox"/> water/sewer <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> fuel oil <input type="checkbox"/> wood <input type="checkbox"/> cooking fuel <input type="checkbox"/> _____	If someone else pays or contributes to the payment of rent, complete the following: _____ Name of contributor _____ Relationship to tenant _____ Amount contributed per month			
Total amount of rent charged (do not include late charges)	\$ _____	FOR METROPOLITAN/SECT 8 HOUSING: Does HUD/Sect 8 pay a portion of tenant's rent? <input type="checkbox"/> No <input type="checkbox"/> Yes - \$ _____		Is rent in arrears? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Total amount paid by customer	\$ _____	Does HUD/Sect 8 pay a portion of tenant's utilities? <input type="checkbox"/> No <input type="checkbox"/> Yes - \$ _____		If yes, how many months? _____	
Total amount paid by HUD/Sect 8	\$ _____	HUD/Sect 8 sends the check payable to: <input type="checkbox"/> Customer <input type="checkbox"/> Utility Co. <input type="checkbox"/> Both		Total amount owed is: _____	
Total amount of deposit (if any)	\$ _____			as of this date _____	
Property Owner's Name		Property Owner's Address		Phone	
Lawful Agent's Name		Lawful Agent's Address		Phone	

I certify that I have completed the above information and declare that it is full and correct to the best of my knowledge. I am willing to execute a sworn affidavit attesting to the above information before a notary public if requested to do so.

Signature of Property Owner (or lawful agent)	Date
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