

Landlord Verification Letter

County Department of social Services

Name \_\_\_\_\_ FSIS Case ID: \_\_\_\_\_
Address \_\_\_\_\_ Worker No.: \_\_\_\_\_
Date: \_\_\_\_\_
Re: \_\_\_\_\_

Dear Landlord:

In order to determine the eligibility for Food and Nutrition Services benefits of the above named person, I must verify certain facts about the household's living arrangement, income, and other circumstances. Please complete the following:

- 1. List the people who live in the home with the person named above.
(1) \_\_\_\_\_ (5) \_\_\_\_\_
(2) \_\_\_\_\_ (6) \_\_\_\_\_
(3) \_\_\_\_\_ (7) \_\_\_\_\_
(4) \_\_\_\_\_ (8) \_\_\_\_\_

- 2. Are any of the above named persons employed? [ ] Yes [ ] No
• If YES, who is employed? \_\_\_\_\_
• Where does the person work? \_\_\_\_\_

- 3. How much is the rent charged to the household? \$ \_\_\_\_\_ per month; or \$ \_\_\_\_\_ per week.
• Does HUD/Section 8 or another agency or another individual pay any portion of the above rent?
[ ] Yes [ ] No If YES, how much do they pay? \$ \_\_\_\_\_

- 4. Does HUD/Section 8 or another agency pay the utility expenses? [ ] Yes [ ] No
• If YES, which utility expense? \_\_\_\_\_ • What is the amount of the check? \_\_\_\_\_

- 5. What type of fuel is used to heat the home? \_\_\_\_\_ Is the home air-conditioned? [ ] Yes [ ] No

Landlord's Signature: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Thank you for your assistance. Please return this form to me no later than \_\_\_\_\_.

Caseworker's Signature