



Statement from Landlord / Manager

DSHS MAILING ADDRESS
DSHS, PO BOX 11699, TACOMA WA 98411-9905

DSHS PHONE NUMBER	DSHS FAX NUMBER
CASE / CLIENT ID NUMBER	DATE

Property Owner or Authorized Manager: Complete all sections below with only the information you know to be true. Write "unknown" to questions you can't answer. (Do not leave any box blank.)

The Department of Social and Health Services is in the process of determining this client's eligibility. Please provide the information requested below.

FINANCIAL SERVICES SPECIALIST'S SIGNATURE

A. Rental or leased unit and tenant information:

1. STREET ADDRESS		APARTMENT (APT) NUMBER		5. NAMES OF ALL ADULTS AND CHILDREN LIVING AT THIS ADDRESS
CITY		STATE	ZIP CODE	
2. TENANT'S NAME				
3. DATE MOVED IN	4. TYPE OF RESIDENCE			Attach more pages if needed.

B. Rent information:

6. TOTAL RENT AMOUNT	7. HOUSING AGENCY AMOUNT, IF ANY \$	8. TENANT'S RENT AMOUNT \$	9. DATE THE AMOUNT IN BOX 8 STARTED
10. NAME OF PERSON(S) PAYING THE RENT		11. NAME OF PERSON(S) PAYING THE RENT	
12. PLEASE ANSWER THE FOLLOWING QUESTIONS:			
Does the tenant pay only a portion of the amount in box 8? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount: \$ _____			
Does the tenant work for a portion of the amount in box 8? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount: \$ _____ Number of hours worked per month: _____			
How does the tenant pay the rent? <input type="checkbox"/> Cash <input type="checkbox"/> Check/Debit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other (specify): _____			

C. Utilities information: Mark the box(es) that apply.

13. The main source of heating for this residence is: <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other (specify): _____	16. Are all utilities included in the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, mark the box(es) the tenant pays for: <input type="checkbox"/> Electric <input type="checkbox"/> Water/sewer <input type="checkbox"/> Gas <input type="checkbox"/> Telephone <input type="checkbox"/> Propane <input type="checkbox"/> Garbage <input type="checkbox"/> Wood <input type="checkbox"/> Other (specify): _____
14. Is there a separate meter for gas and electric? <input type="checkbox"/> YES <input type="checkbox"/> NO	
15. Does the tenant pay for air conditioning? <input type="checkbox"/> YES <input type="checkbox"/> NO	

17. LANDLORD/MANAGER'S NAME		18. Property Owner's Name (If different from Landlord/Manager)	
STREET ADDRESS OR PO BOX NUMBER		OWNER'S NAME	
CITY STATE ZIP CODE		STREET ADDRESS OR PO BOX NUMBER	
WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER	CITY STATE ZIP CODE	
LANDLORD/MANAGER SIGNATURE	DATE	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER