

(Client Name and Address)

|  |  |
| --- | --- |
|  | Date |
| Caseworker |
| Office Address and Phone No. with Area Code |

|  |  |
| --- | --- |
| Name of Client | Case No. |
| Address (Street, City, State and ZIP Code) |

The person named above reports renting this residence from you. To correctly evaluate the household's situation, the department needs your assistance.

Please complete the information requested on the back of this letter and return it to me in the postage paid envelope provided.

Please return it as soon as possible, but no later than

.

Date

I hereby give my permission to release the information requested on this form.

Signature

Date

**Form H1857, 5-2016-E**

**Landlord Verification**

(This form must be completed by the client's landlord or a representative.)

**Form H1857**

May 2016-E

|  |
| --- |
| 1. Tenant Move Date: |
| 2. How many people live in the house or apartment? |
| 3. List the names of all people who live in the house or apartment. List their employer, if known: |
| **Name of Person** | **Working?** | **Employer** |
|  |  Yes |  No |  |
|  |  Yes |  No |  |
|  |  Yes |  No |  |
|  |  Yes |  No |  |
|  |  Yes |  No |  |

1. Questions about the rent payment:

|  |  |  |
| --- | --- | --- |
| Amount of Rent | Tenant's Portion of Rent | Person making payment? |
| How often paid?Weekly Every Two Weeks Twice a Month Monthly |
| Method of payment?Cash Check Money Order Other (explain): |
| Is the tenant current in paying the rent? Yes No If "No," when was the last month rent was paid?What is the total amount of past due rent? |

1. **Questions about the utilities:**

Are all utilities included in rent? .......................................................................

Utilities the tenant is responsible for paying (check all that apply): .................

Utility bills are paid directly to: .........................................................................

Yes

No

Gas

Electric

Telephone

Landlord

Utility Company

**Please provide the tenant's complete residential address:**

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address | Apt. No. | City | ZIP Code |

Landlord or Representative Name (printed)

Signature – Landlord or Representative

Date

Telephone No. with Area Code

Business Address or Residential Address