

Prist Name Last Name to Applicant Date or Birth (optional) living at above address Image: Street Address:	ł	HOUSEHOLD MEI	MBER / S	HELTER	UTILITY VERI	FICATION		
PART II: Release of Information: To be completed and signed by the APPLICANT My landlord's name is:	PART I: Case Inform	nation: To be complete	ed by the C	OUNTY DE	PARTMENT OF JO	OB AND FAMILY S	SERVICES	
My landlord's name is: My landlord's address is: My landlord's address 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. Applicant Signature: PART III: Household Member Information: To be completed by: Applicant Signature: PART III: Household Member Information: To be completed by: City OH Zip List all Individuals who live at this address: (including children) Use the back of this form if additional space is required. First Name Last Name Regarding the address of : Street Address City OH Zip Part IV: Tenant/Rent/Utility Info: To be completed by LANDLORD ONLY First Name Last Name Regarding the address of : Street Address: City OH City Date of Birth City Date of Birth City Date of Birth City Date Part IV: Tenant/Rent/Utility Info: To be completed by LANDLORD ONLY First Name First Name First Name First Name Image: Street Address: Apt # or Floor: City: Street Address: <	Applicant Name: C		Case Number	Case Number:		Worker's Phor	ne: Date Sent:	
My signature below means that I give the person indicated permission to furnish all information about me that is requested on this form. Applicant Signature: Phone: Date: PART III: Household Member Information: To be completed by: Phone: Date: PART III: Household Member Information: To be completed by: OH	My landlord's name is: _ My landlord's address is	S:						
understand this information will be used to establish my eligibility for public assistance. I also give the Department of Job and Fai Services permission to contact this person to obtain or clarify any information contained on this form. Applicant Signature: PART III: Household Member Information: To be completed by: LANDLORD or NON-RELATIVE/NON-HOUSEHOLD MEMBER Regarding the address of : OH List all individuals who live at this address: (including children) Use the back of this form if additional space is required. First Name Last Name Last Name Last Name Relationship to Applicant PART IV: Tenant/Rent/Utility Info: To be completed by LANDLORD ONLY First Name First Name First Name First Name First Name First Name First Name First Name First Name Case of the completed by LANDLORD ONLY First Name First Na	My landlord's phone nur	mber is:						
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□ No; □ Yes – If yes, amount of monthly subsidy: □ Mobile Home □ Electric □ Air Conditioning	NOT include subsidy, arreara	\$	Single Dwelling		🗌 Heat 🗌 Sewer 🗌 Trash			
If mobile home, tenant lot rent: \$		\$	🗌 Mobi	le Home	Electric Air Conditioning			
Does the tenant receive a utility reimbursement check? \$ In mobile nome, tenant for rent. \$ In mobile nome, tenant for rent. \$ Unknown; No; Yes – If yes, enter amount: Other			\$			\$ ☐ Other_ 		
PART V: SIGNATURE								
My signature below indicates that I completed this form and it is accurate to the best of my knowledge.	My signature below in	ndicates that I comp	leted this f	form and it	is accurate to th	e best of my kno	wledge.	
Signature of person completing form: Address: Phone: Date:	Signature of person comple	Address:			Phone:	Date:		
Are you the landlord?			□ Yes /i	f yes, specifv	relationship:		1	