



## Lower Elwha Social Services STATEMENT FROM LANDLORD/MANAGER

CLIENT Name _____	TELEPHONE NUMBER _____
	DATE _____ _____
The Lower Elwha Social Services Department is in the process of determining this client's eligibility. Please provide the information requested below.	

**PROPERTY OWNER OR AUTHORIZED MANAGER:**  
Complete all sections below with only the information you know to be true. Write "unknown" to questions you cannot answer. (Do not leave any box blank.)

**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. NAME OF PERSON(S) PAYING THE RENT _____	7. CURRENT RENT AMOUNT \$ _____	8. DATE THIS AMOUNT STARTED \$ _____	9. DO THEY PAY BY CHECK? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. ANSWER THESE QUESTIONS BY CHECKING:			
Does the tenant pay only a portion of the rent? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	How much: \$ _____		
Is this subsidized housing? ..... <input type="checkbox"/> <input type="checkbox"/>	What agency: _____ How much: \$ _____		
Is someone else paying part or all of the rent? ..... <input type="checkbox"/> <input type="checkbox"/>	What agency: _____ How much: \$ _____		
Does the tenant work for a portion of the rent? ..... <input type="checkbox"/> <input type="checkbox"/>	How much: \$ _____		

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

11. 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): _____	14. 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): _____
12. Is there a separate meter for gas and electric? <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. does the tenant pay for air conditioning? <input type="checkbox"/> <input type="checkbox"/>	

15. LANDLORD/MANAGER'S NAME _____	<b>16. Property Owner's Name (If different from Landlord/Manager)</b>
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 _____