



CHEMUNG COUNTY
DEPARTMENT OF SOCIAL SERVICES
Temporary Assistance Division
 HUMAN RESOURCE CENTER
 425 PENNSYLVANIA AVENUE
 P.O. BOX 588
 ELMIRA, NEW YORK 14902-0588
 PHONE (607) 737-5302
 FAX (607) 873-1815

Mindy Banfield, MSW
 Commissioner of Human Services

LANDLORD STATEMENT

****LANDLORD TO COMPLETE ENTIRE FORM AND SIGN WITH TENANT****

This is to certify that the (check type dwelling): is located at _____

() Apartment # _____ Street Address

() Room in Private Home _____

() Rooming House _____ City, Town or Village

() Trailer Lot # _____

() House _____ County State Zip Code

Is being rented by : _____ Who pays rent and is tenant of record for
 Tenant(s) Name \$ _____ per ()Week ()Month ()Semi Month

Is rent being subsidized?

() Yes () No

If yes, amount \$ _____

Subsidizing Agency: _____

Does any portion of the rental charge go

Toward a security deposit? () Yes () No

If yes, amount toward deposit \$ _____

Please check () the appropriate items:

Rent includes:

- () Stove for cooking () Furniture
- () Heat () Meals
- () Water () Gas & Electric
- () Refrigerator () Air Conditioning

Fuel for Heating Vendor (Name)

Address:

Street

City, Town or Village County

State Zip Code

Does anyone residing in this dwelling perform
 any services to receive a lower rent?

() Yes () No If yes, how much? _____

If the heat is not included in rent, type of fuel for
 heating used:

- () Natural Gas () Propane
- () Electric () Oil
- () Wood () Other

Tenant moving in : _____
 Date

Number of persons residing in dwelling _____
 Names Relationship Visiting Child?
 _____ Y/N _____

_____ Y/N _____

_____ Y/N _____

_____ Y/N _____

_____ Y/N _____

_____ Y/N _____

_____ Y/N _____

_____ Y/N _____

_____ Y/N _____

****THIS WILL NOT BE ACCEPTED IF COMPLETED BY TENANT, LANDLORD MUST COMPLETE****

THIS AGENCY MUST BE NOTIFIED IN WRITING IF & WHEN ANY CHANGE, AS TO RENT AMOUNT OR NUMBER OF OCCUPANTS OCCURS

CERTIFICATION/VERIFICATION BY SUBSCRIBER AND NOTICE: I, undersigned, hereby certify that the information contained in this Landlord Statement is true and correct and that the form was completed before being signed.

For Restriction Only:

I request that the Chemung County Department of Social Services shall pay the rent out of my grant on my behalf:
() Yes () No
I understand the Department of Social Services will reduce my Public Assistance cash grant accordingly. I understand that I have the right to have the restricted payments discontinued promptly at any time by making a request in writing to the Department of Social Services.

Tenant's Signature

Date

Social Security Number

Tenant's Telephone Number

WARNING

PURSUANT TO SECTION 175-35 OF THE PENAL LAW, A PERSON WHO INTENDS TO DEFRAUD THE STATE OR ANY POLITICAL SUBDIVISION THEREOF BY OFFERING OR PRESENTING A WRITTEN INSTRUMENT WHICH HE OR SHE KNOWS CONTAINS A FALSE STATEMENT OR FALSE INFORMATION TO A PUBLIC OFFICE WILL BE FILED WITH, REGISTERED OR RECORDED IN OR OTHERWISE BECOME A PART OF THE RECORDS OF SUCH PUBLIC OFFICE OR PUBLIC SERVANT, IS GUILTY OF A CLASS "E" FELONY CARRYING A POSSIBLE SENTENCE OF 4 YEARS IN PRISON, A \$5,000 FINE, OR BOTH.

This is for verification purposes only and does not imply any obligation on the part of this agency. This is not valid unless completely filled out by the landlord or his/her agent.

LANDLORD INFORMATION

Landlord/Agency Signature

Address of Landlord

Above Signature Printed on This Line

(Signing verifies you have completed this form and reviewed with the tenant. Tenant cannot complete the front of this form, it will not be accepted)

Date Signed

Title of Agency Signing for Landlord

Phone Number (Business) (Home)

Vendor No.

I, the above landlord am requesting rent be sent directly to me from Chemung County DSS ()Yes ()No