

Shared Housing Verification Instructions

Part I (to be completed by the requester):

- Enter your name and the date the form must be returned.

Part II (to be completed by the requester):

- Enter the name and address of the head of household sharing housing expenses with the person named in Part III; and
- Enter the date the person moved in.

Part III (to be completed by person applying for benefits who is sharing expenses with the head of household):

The *Authorization to Release Information* must be fully completed.

Part IV (to be completed by the head of household who is either the primary tenant or homeowner):

- A. Household Information: Please answer all four questions;
- B. Rental Information: Please answer all three questions;
- C. Utility Information: answer one of the four questions in this section.
 - If all utilities are included in the rent, answer number **1**.
 - If the tenant pays for heat, or air conditioning or both, answer number **2**.
 - If the tenant pays for electricity (nonheat), gas/oil (nonheat), garbage removal, answer number **3**.
 - If the tenant pays for a land phone or a cell phone, answer number **4**.
(Check unknown if you do not know if the tenant pays for a land or cell phone.)
- D. Head of Household Information: The head of household who is the primary tenant or homeowner must print their name, sign and date this section.

NOTE: The requester should complete the *Requester Use Only* box when the completed form is returned.

Shared Housing Verification

Part I

Requester Name _____

Return the completed form by ____/____/____

Part II

Name of head of household sharing expenses with the person named in Part III.

Street Address

City/Town

ZIP

Date person named in Part III moved in: ____/____/____

This Shared Housing Verification form explains how you and the other people living at your address share the costs for rent, utilities, and food. **Section IV, below, must be completed by the head of household.**

Part III

Authorization to Release Information

I, _____,
(Print Name)

give my permission to the requester to obtain and verify this information.

Signature

Date

Part IV (TO BE COMPLETED BY THE HEAD OF HOUSEHOLD)

A. Household Information

1. Do you live in public or state or federally subsidized housing? Yes No
2. Is anyone in your family related to the person named in Part III? Yes No
3. Do you purchase and prepare meals together? Yes No
4. Name of **all** household members, including the person named in Part III.

REQUESTER USE ONLY

SUA Type

- Heating/Cooling
 Nonheating
 Phone

B. Rental Information (for person living with you)

The person living/sharing with you:

1. Gets meals provided? Yes No If yes, how many meals per week? _____
Amount paid per week for these meals is \$ _____
2. Rents a room? Yes No
3. Pays rent in the amount of \$ _____ per month week other _____ (specify)

C. Utility Information (for person living with you)

1. **No Separate Utilities:** All utilities are included in the rent. Yes
2. **Heating/Cooling:** Does the person living/sharing with you pay for either of the following SEPARATE from rent?
 heating (*seasonally*) air conditioning (*seasonally*)
3. **Nonheating:** Does the person living/sharing with you pay for any of the following utilities SEPARATE from rent?
 electricity (nonheat) gas/oil (nonheat) water/sewerage trash/garbage removal
 other _____ (specify)
4. **Telephone:** Does the person living/sharing with you pay for a telephone (may include a cell phone)?
 Yes No Unknown

D. Head of Household Information

Name of Head of Household
(Please print or type)

Signature of Head of Household

Date