



Ashtabula County Job & Family Services

Patrick J. Arcaro, Executive Director

ACTS Toll Free Ph: 1-800-445-4140 Fax: 440-994-2041	OhioMeansJobs Ph: 440-994-1234 Fax: 440-992-7826	Social Services / Child Care Ph: 440-998-1110 Fax: 440-998-1538	Financial / Medical Asst. Services Ph: 440-998-1110 Fax: 440-998-1538	Fraud Hot-Line Enforcement Ph: 440-998-1110 Fax: 440-998-1538	Nursing Home Services Ph: 440-998-1110 Fax: 440-998-1538	Child Support Enforcement Ph: 440-994-1212 Fax: 440-998-1538
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LANDLORD STATEMENT

Date Sent: _____ Caseworker: _____ Case No.: _____

ATTENTION TENANT: Please give this form to your landlord to complete.

DO NOT fill this out yourself. This form will be used to verify your residency, household members, rent and utilities. ACDJFS may call your landlord to confirm this information. NOTE: This is not a promise of payment from our agency. This form must be returned in the enclosed envelope to determine ongoing eligibility.

Name of Tenant: _____ Date of Occupancy: _____

Address: _____ City: _____ Zip: _____

List the names and relationships of all people living with the tenant: (USE ADDITIONAL SHEETS IF NECESSARY)

NAME	RELATIONSHIP	NAME	RELATIONSHIP

Is the rent subsidized housing? YES NO

What is the rent amount the client is responsible to pay? \$ _____

Are the utilities included in the rent? YES NO

If yes, what is the rent payment? \$ _____ What is the utility payment? \$ _____

What utilities is the tenant responsible to pay or are included in the utility payment? Check all that apply:

Gas Electricity Water Sewer Trash
 Oil/Coal Wood Telephone Other _____

What is the main heating/cooling source? _____

To your knowledge, is any member of the household employed, and if so, who and where? _____

INTENTIONALLY PROVIDING FALSE INFORMATION MAY LEAD TO CRIMINAL PROSECUTION UNDER OHIO REVISED CODE SECTION 2913.42.

Landlord's Signature: _____ Date: _____ Phone No.: _____

Landlord's Address: _____

RELEASE OF INFORMATION: I UNDERSTAND THE ABOVE INFORMATION WILL BE USED TO VERIFY MY RESIDENCY, LIVING ARRANGEMENTS, AND SHELTER COSTS.

Tenant's Signature: _____ Date: _____

Tenant's Current Phone Number(s): _____

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