      March 20, 2018 *Worker:*

***Case#***        

*Phone:*       *FAX:*       *TDD:*

**Shelter Verification**

***(This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency’s ADA coordinator.)***

**Date:**       Case Number:

**To:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Worker Name: | | Agency Name | | |
| Agency Address: | City | | State | ZIP Code |
| Worker Phone: | Worker Fax: | | | |

We need to verify the residence and shelter expenses of the person(s) listed below:

Tenant’s Name:

Address / Apt. No.:

City/County/State/Zip Code:

Please provide the information requested **on the back of this form** and sign the back of the form where indicated. Below is a signed authorization to release information to the agency shown above. Thank you for your cooperation.

#### **Authorization for Release of Information**

**Giving Permission**: I give permission for the person/organization above to release the requested information to the above agency. This information is used to figure my eligibility for public assistance and/or services.

**Consequences**: State and Federal privacy laws protect my records. I know:

Why I am being asked to release this information

I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent.

That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it.

I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested.

The person or agency who gets my information may be able to pass it on to others.

If my information is passed on to others by the Minnesota Department of Human Services, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

|  |  |  |
| --- | --- | --- |
| Client’s Signature | Date | Original copy for agency  Provide copy to client |
| Signature of spouse/guardian/authorized representative | Date |

### 

### Case Name:

**To Be Completed by Owner, Manager, or Caretaker Only.**

**(Complete all appropriate information and mail or fax to agency address/fax number on first page.)**

**NOTE:** Completing this form does not guarantee rent payment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tenant Name: | Tenant Address | | | |
| City: | | County:  Hennepin | State:  MN | ZIP Code: |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rental InformationIf yes, does the tenant receive a paycheck with an amount for rent or room and board deducted? | | | | | | | | | | | |
| Date Moved In | No. Adults in Unit | No. Children in Unit | | Total Rent for Unit  $ | | | | Damage Deposit  Paid  Not Paid | | | |
| Amount of Rent **Paid by Tenant $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** per  Week  Month  Other Effective Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Is current rent paid?  Yes  No If yes, paid through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If not, amount due? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Is any portion of the rent **paid by a rental subsidy**?  Yes  No | | | | | | | | | | | |
| If yes, is the subsidy from Public Housing, HUD project properties or section 8?  Yes  No Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Is any portion of the rent **paid by GRH?**  Yes  No | | | | | | | | | | | |
| Check (x) which utilities the **tenant** is responsible to pay:  Gas  Electricity  Garbage removal  Water and sewer  Air conditioning  Garage/plug-in  Is Garage or plug-in optional?  Yes  No Amount $\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None | | | | | | | | | | | |
| Room and Board | | | | | | | | | | | |
| Amount of Room and Board paid by tenant? $ \_\_\_\_\_\_\_\_\_\_\_ Per  Week  Month Effective Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Meals included in Room and Board?  Breakfast  Lunch  Dinner  No meals included | | | | | | | | | | | |
| **Caretaking or Other Tenant Responsibilities** | | | | | | | | | | | |
| Is the rent or room and board reduced by caretaking or other such tenant responsibilities?  Yes  No  If yes, does the tenant receive a paycheck with an amount for rent or room and board deducted?  Yes  No  If the tenant does not receive a paycheck with an amount for rent or room and board deducted,  does the tenant have a choice of receiving cash instead of a reduction on rent or room and board?  Yes  No | | | | | | | | | | | |
| Owner Data | | | | | | | | | | | |
| Owner/Manager/Caretaker Name (Please Print) | | | | | Daytime Phone Number | | | | | | |
| Street Address | | | City | | | County | | | State | | Zip Code |
| Name Of Owner/Manager/Caretaker Completing Form (**Please Print**) | | | | | | | Title | | | Phone | |

I hereby certify that the information above is complete, true, and correct.

|  |  |
| --- | --- |
| SIGNATURE OF OWNER/MANAGER/CARETAKER COMPLETING FORM ✍ | DATE |