

PORTAGE COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
LANDLORD CERTIFICATION

DATE:

CASE NAME:

CASE NUMBER:

The Portage County Department of JOB & Family Services is requesting your cooperation by responding to the questions in this letter. We need this information to help us determine eligibility for Food Stamps and/or Family Support Services Programs. Thank you for your cooperation.

List all individuals who actually live in the rental property with the above person:

Address of rental property

Street Address	City	State	Zip
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Total Monthly Rent: \$ _____ Does the Rent include Utilities? Yes No

Tenants Amount: \$ _____ Subsidized Amount: \$ _____ By Whom? _____

Does tenant receive a Utility Check? Yes No Amount of check: \$ _____

If utilities are billed separately, does tenant pay for heating? Yes No

If utilities are billed separately, does tenant pay for cooling? Yes No

If you only rent a room(s) to the person identified above, please answer the following questions:

Is there a separate entrance for the renter? Yes No

Are there separate utility expenses? Yes No

Have you rented this room to others in the past? Yes No

I certify that the above information is true to the best of my knowledge.

Landlord's Signature	Landlord's Name (please print)	Date
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Address: _____

Street	City	State	Zip	Telephone Number
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I give my permission for the release of this information and appreciate our help and time in completing this form. I understand it is my responsibility to return this completed form to my caseworkers.

Applicant/recipient Signature	Date
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