

Case Number: _____

RESIDENCY STATEMENT

It is mandatory to verify residence, living arrangements, and the members of a household in all TANF cases. If you are receiving SNAP benefits, this information is also needed concerning your housing costs to compute your monthly allotment accurately. For your convenience, we are providing this form to assist you in obtaining this information.

WARNING: Completion of any items below by client or anyone living at this address will make this form invalid. This form MUST be completed entirely by only one person who does not live at the address below.

To the best of my knowledge, the following persons live at the address below. (List all individuals living at this address, even if the individuals are not requesting assistance.)

Address: _____

Phone Number: _____

Name

Relationship to head of household

Head of Household

- A. Amount of monthly rent paid by the applicant: _____
- B. Are the housing costs shared with others? _____
If so, individual paying: _____
Amount individual paying: _____
- C. Is the applicant billed separately for heating or cooling costs? _____
- D. Date the applicant moved into this address: _____

Completed by: _____ Date: _____

Address: _____ Phone: _____

Relationship to applicant: _____ Landlord _____ Friend _____ Relative _____