

**ST. LAWRENCE COUNTY  
DEPARTMENT OF SOCIAL SERVICES  
MEDICAID DEPARTMENT                      PHONE: (315) 379-2111**

**LANDLORD STATEMENT**

TENANT'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ACTUAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_

DIRECTIONS TO HOME: \_\_\_\_\_

TYPE OF DWELLING:     Apartment    House    Trailer    Hotel/Motel room

Commercial Rooming House     Room Only

DATE TENANT MOVED (OR WILL MOVE) IN: \_\_\_\_\_

AMOUNT OF TOTAL MONTHLY RENT: \$ _____	TENANT'S SHARE OF RENT: \$ _____	IS RENT SUBSIDIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No   AMOUNT: \$ _____
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RENT INCLUDES: MEALS                       Yes    No

HEAT    Yes    No

ELECTRICITY                       Yes    No

Fuel Type: \_\_\_\_\_

TRASH REMOVAL    Yes    No

Dealer: \_\_\_\_\_

Account Name: \_\_\_\_\_

TOTAL NUMBER OF PERSONS OCCUPYING THIS RENTAL UNIT: \_\_\_\_\_

PLEASE LIST ALL PERSONS IN THE HOUSEHOLD: 1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

7) \_\_\_\_\_ 8) \_\_\_\_\_ 9) \_\_\_\_\_ 10) \_\_\_\_\_

This form is to be used to figure a shelter allowance. False statements made herein are punishable as a CLASS A MISDEMEANOR pursuant to Section 210.45 of the Penal Law.

The undersigned certifies that he/she is the  owner  agent of the specified property and that to the best of his/her knowledge he/she has answered all of the questions truthfully.

LANDLORD'S NAME: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

SIGNATURE OF LANDLORD: \_\_\_\_\_

Phone #: \_\_\_\_\_

ADDRESS OF LANDLORD: \_\_\_\_\_

IS THE LANDLORD RELATED TO THE TENANT:  Yes    No

If residing with landlord, please submit an occupancy statement. (SEE OVER)

If you need assistance with voter registration, it is available at the local district by calling 379-2335.

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE LANDLORD OR AGENT.**

**(OVER)**

OCCUPANCY STATEMENT

THIS FORM MUST BE COMPLETED BY A NON-RELATIVE AND NOT RESIDING IN SAME HOUSEHOLD.

I hereby certify that only the following people live at:

ADDRESS: \_\_\_\_\_

List all individuals living in the household:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I am not a relative of any of the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street/Road/Box #

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date