



ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES
800 Park Ave
Utica, NY 13501

Anthony J. Picente Jr
County Executive

Colleen Fahy-Box
Commissioner

LANDLORD STATEMENT

TENANT NAME: \_\_\_\_\_

This agency requires the completion of this landlord statement for verification of residency and living expenses/arrangements of the above tenant. This entire form must be completed, in ink, by the landlord (or an authorized agent) only! Both tenant and landlord must sign the back of this form. The rental unit is subject to inspection.

A. Shelter Description

Type of dwelling: [ ] Apartment [ ] Single House [ ] Double House [ ] Hotel/Motel Room [ ] Room in Private Home [ ] Commercial Room [ ] Other
Street Address Apt/Floor
City/Town County Zip Code
[ ] Tenant will be occupying dwelling effective: OR
[ ] Change in expenses / occupants effective:

B. Shelter Expenses

Do you charge rent or room and board? [ ] Rent [ ] Room and board
If you charge rent for a room, is any part of it used for Heat or Utilities? [ ] Yes [ ] No

Table with 5 columns: Item description, Amount, and currency symbol (\$). Items include total rent, subsidies, and tenant responsibilities.

Rent Includes (Check Yes or No for every item)

Heat [ ] Yes [ ] No Water/Sewer [ ] Yes [ ] No Furniture [ ] Yes [ ] No
Electric [ ] Yes [ ] No Kitchen Stove [ ] Yes [ ] No Prepared Meals [ ] Yes [ ] No
Cooking Fuel [ ] Yes [ ] No Refrigerator [ ] Yes [ ] No Cooking Equip. [ ] Yes [ ] No

Is the heat source shared with another dwelling? [ ] Yes [ ] No Check the type(s) of fuel used to heat the unit:
Are any other utilities shared with another dwelling? [ ] Yes [ ] No [ ] Natural Gas [ ] Oil/Kerosene
[ ] Electricity [ ] Propane
[ ] Wood

Please Note that every item in this section must be completed (even if the answer is "No" or rent payments may not be made correctly).

C. Household Composition

Please list all members of the dwelling unit, even if not applying for assistance. List the designated tenants(s) of record first (the person(s) legally responsible for the dwelling, who would sign a rental agreement).

- 1. \_\_\_\_\_ 7. \_\_\_\_\_
2. \_\_\_\_\_ 8. \_\_\_\_\_
3. \_\_\_\_\_ 9. \_\_\_\_\_
4. \_\_\_\_\_ 10. \_\_\_\_\_
5. \_\_\_\_\_ 11. \_\_\_\_\_
6. \_\_\_\_\_ 12. \_\_\_\_\_

Total number of persons living in the rental unit: \_\_\_\_\_ Is anyone in the dwelling employed? [ ] Yes [ ] No

If Yes: \_\_\_\_\_
Tenant's Name Business Name

**D. Landlord Information**

This section must be completed in full. Please provide a phone number where the landlord and/or property manager may be reached during normal business hours (between 8:30 AM and 4:30 PM).

\_\_\_\_\_  
Name (please print)

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax #

Is the property managed by an individual other than the landlord?  Yes  No If Yes:

\_\_\_\_\_  
Name (please print)

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

**E. For Restricted Payments**

This department can make rental payments directly to the landlord in the form of a two-party check. This check requires both the landlord and tenant signatures in order to be cashed. The tenant must be entitled to the full shelter allowance. In some cases, the tenant must also agree below, in writing.

In cases where a property manager is unable to sign a two-party check on behalf of the landlord, an alternative may be available. Please contact your tenant's examiner to discuss your options.

If the tenant's case is closed or the tenant moves and you are receiving restricted rent payments, you will be notified by this department of when they will cease. The tenant is obligated to give you 30 days notice when this occurs. This department will notify you before the date the rent payments will cease whenever possible.

I agree to have the rent sent directly to my landlord:  Yes  No

\_\_\_\_\_  
Landlord's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant's signature

\_\_\_\_\_  
Date

Does shelter meet all municipal Codes requirements?  Yes  No

\_\_\_\_\_  
Landlord's Social Security/Federal ID#  
(Required for restricted payments)

If yes, date Certificate of Occupancy issued: \_\_\_\_\_

**F. Notice to Landlord**

This statement is for verification purposes only. It does not constitute an agreement between this agency and the property owner. The tenant is solely responsible for rent payments, damages, lease provisions, and 30-day notice prior to a move. Oneida County cannot be responsible for rent payments if client moves without a 30-day notice. This agency must be immediately notified in writing when and if any change, such as amount of rent or number of occupants, occurs.

The landlord may request a Tenant Responsibility Agreement (TRA) in place of a security deposit. To do so, they may contact the Oneida County DSS Housing Unit by phone at (315) 798-3661 or by email at [housing@ocgov.net](mailto:housing@ocgov.net). This request must be made within 30 days of the date of occupancy. The tenant or landlord may also contact the Housing Unit to request housing information or for help completing this form.

**G. Certification/Verification by Subscriber and Notice**

I, the undersigned, hereby certify that the information in this landlord statement is true and correct and that this form was completed by the landlord before being signed.

As the tenant, I agree to give the landlord 30 days notice prior to a move. I understand that failure to comply with the 30 day notice provisions as required may result in a delay or withholding of my benefits.

As the landlord, I declare that all real estate taxes on subject property have been paid to date, and further acknowledge that future rent payments will be withheld if real estate taxes are not paid in a timely manner.

\_\_\_\_\_  
Landlord's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's signature

\_\_\_\_\_  
Date

Date Received:

This space for DSS use only  
Information verified per phone call to landlord/manager?  Yes  No

If No, Shelter Verification mailed:

Worker: