

**Georgia Department of Human Resources
STATEMENT OF SHELTER COSTS**

Date: _____

Case Name: _____

Case Number: _____

Dear Landlord:

The individual named above is an applicant/recipient of public assistance in this county. The Division of Family and Children Services requires verification of all shelter costs. **Please complete the shelter statement and provide requested information by**

_____. Your assistance is greatly appreciated.
Due Date

Sincerely,

Signature of Case Manager/Telephone Number

I hereby authorize my landlord or responsible person to provide complete information about my shelter costs to the _____ County Department of Family and Children Services.

Signature or Mark

If signed by a person who witnesses the mark

Signature of Witness

Household Information

Name of renter/(s): _____

Rental Property Address: _____

Shelter Cost Section

Please state who lives in the home _____

Amount of rent charged to household (exclude late charges and fees): _____
Monthly, weekly, biweekly

Amount of lot rent charged to household: _____
Monthly, weekly, biweekly

Is the rent up-to-date, and if not, is the household still being charged for rent _____

If tenant is working in exchange for rent, please indicate the amount paid for rent in the last 2 months.

Month _____ Amount paid _____ / Month _____ Amount paid _____

Utility Cost Section

What utilities are included in the rent? _____

Amount of utilities charged to household by landlord: _____

How often are the utilities paid? _____
Monthly, weekly, biweekly, etc.

How is this home heated? _____

Does this home have air conditioning? _____

Does anyone not living in the household pay the rent and/or utilities? If so, who pays them?

Landlord Information

Landlord's name: _____ Date _____

Landlord's Address _____

Landlord signature _____ Phone Number _____