

Shared Housing Verification Form Instructions

Part I (to be completed by the requester):

- enter your name and the date the form must be returned.

Part II (to be completed by the requester):

- enter the name and address of the head of the household sharing housing expenses with the person named in Part III; and
- enter the date the person moved in.

NOTE: Complete the Requester Use Only box when the completed form is returned.

Part III

The Authorization to Release Information must be fully completed.

Part IV (to be completed by the head of the household sharing expenses with the person named in Part III)

Please complete the following:

Question 1. Answer "yes" or "no" for each question. If the answer is "yes" **always** fill out the "Amount."

Question 2. Answer "yes" or "no" for each question. If the answer is "yes," **always** fill out "how many meals per week" and "Amount paid for these meals."

Question 3, 4 y 5. Answer "yes" or "no" for each question.

Question 6. Number of **Households** at this address.

Question 7. Please list the names of the people who live with the person named in Part III who also live in your household.

For the head of household completing this form, please print your name, sign and date the bottom of the form. Once it is completed, keep the yellow copy for your records and give the white copy to the person named in Part III of this form.

Shared Housing Verification

Part I

Requester Name _____

Part II

Name of head of household sharing expenses with the person named in Part III.

Street Address _____

City/Town _____ ZIP _____

Date person named in Part III moved in ___/___/___

Part III Authorization to Release Information

I, _____,
(Print Name)

give permission to the requester
to obtain and verify this information.

Signature _____

Date _____

Part IV (TO BE COMPLETED BY THE HEAD OF THE HOUSEHOLD SHARING EXPENSES WITH THE PERSON NAMED IN PART III.)

1. The person named in Part III pays:

Rent/mortgage yes no Amount \$ _____ per _____

heat yes no If yes, what is the type of heat? _____

electric yes no Amount \$ _____

gas yes no Amount \$ _____

oil yes no Amount \$ _____

telephone yes no Amount \$ _____

water yes no Amount \$ _____

sewerage yes no Amount \$ _____

trash/garbage removal yes no Amount \$ _____

other _____ (Specify) Amount \$ _____

REQUESTER USE ONLY

What is the SUA?

Heating

Nonheating

Phone

Prorate:

Divide SUA by # of households

2. The person named in Part III:

a. rents a room? yes no

b. gets meals provided? yes no

If yes, how many meals per week? _____

Amount paid for these meals is \$ _____

3. Is anyone in your family related to the person named in Part III? yes no

4. Do you purchase and prepare meals together? yes no

5. Do you live in: Public Housing? yes no

Section 8 or Massachusetts Rental yes no

Voucher Program Housing?

6. How many households live at the address in Part II? _____

7. Names of household members including person named in Part III.

Name (Please print or type)

Signature

Date