



**DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF SOCIAL SERVICES**

**RESIDENCE AND HOUSEHOLD SIZE  
VERIFICATION FORM**

From: \_\_\_\_\_

Re: \_\_\_\_\_

DSS Address: \_\_\_\_\_

Residence: \_\_\_\_\_

Pool Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address (if different from residence)  
\_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Landlord/Collateral Contact/Mortgagee:

The person listed above is applying for or receiving benefits from Social Services. To determine eligibility, we need to verify the person's address and shelter expenses, identify all household members and their relationship to each other. **If the above address is incorrect, please list the address on record.** \_\_\_\_\_

**Please list all household members and the relationship to each other.** (If you are the landlord, the leaseholder or mortgagee and live at the same address, please include your name and list your relationship to the other individuals.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total number of household members is** \_\_\_\_\_.

**Shelter costs: Please check all that apply to the above person and list the amounts paid:**

- \_\_\_ (1) There is no charge for rent.
- \_\_\_ (2) Tenant pays rent (including lot rent). The charge is \$ \_\_\_\_\_ monthly or \$ \_\_\_\_\_ weekly.
- \_\_\_ (3) Tenant receives Section 8 subsidized housing and pays \$ \_\_\_\_\_ out of pocket each month.

**Utility costs: Please check all that apply to the above person and list the amounts paid:**

- \_\_\_ (1) There is no charge for utilities.
- \_\_\_ (2) Tenant pays for heat separate from rent.  
The type of heat is \_\_\_ Electric \_\_\_ Gas \_\_\_ Oil \_\_\_ Kerosene \_\_\_ Wood \_\_\_ Coal \$ \_\_\_\_\_
- \_\_\_ (3) Tenant pays for air conditioning.
- \_\_\_ (4) Tenant pays separately for: \_\_\_ Electric \$ \_\_\_\_\_ \_\_\_ Gas (nonheat) \$ \_\_\_\_\_ \_\_\_ Sewer \$ \_\_\_\_\_  
\_\_\_ Trash \$ \_\_\_\_\_ \_\_\_ Water \$ \_\_\_\_\_ \_\_\_ Other \$ \_\_\_\_\_
- \_\_\_ (5) Tenant only pays for excess heat or cooling costs. The monthly excess amount is \$ \_\_\_\_\_
- \_\_\_ (6) Tenant receives a HUD/WHA utility allowance each month. The amount of \$ \_\_\_\_\_ is  applied to the rent or  received by client.
- \_\_\_ (7) Tenant moved in on \_\_\_\_\_ and started paying charges for month of \_\_\_\_\_

**Check the eating arrangements for the person listed above if you, the landlord, live at the same residence:**

- \_\_\_ (1) Tenant (and tenant's family) purchases and prepares meals separately from you.
- \_\_\_ (2) Tenant (and tenant's family) purchases and prepares meals with you.
- \_\_\_ (3) Tenant (and tenant's family) pays you for meals. If checked, what is the monthly amount \$ \_\_\_\_\_
- \_\_\_ (4) Meals are provided to the tenant at no charge.

*I UNDERSTAND THAT I AM NOT TO SIGN THIS FORM IF IT HAS ALREADY BEEN COMPLETED PRIOR TO BEING GIVEN TO ME. I UNDERSTAND THAT STATE LAW PROVIDES CRIMINAL PENALTIES FOR INTENTIONALLY GIVING FALSE INFORMATION TO HELP SOMEONE GET CASH ASSISTANCE, FOOD STAMPS AND/OR MEDICAID.*

\_\_\_\_\_  
SIGNATURE OF LANDLORD/THIRD-PARTY CONTACT/MORTGAGEE      DATE      PHONE NUMBER

\_\_\_\_\_  
ADDRESS

**I hereby give permission for the release of the above information.** \_\_\_\_\_

APPLICANT/REPRESENTATIVE SIGNATURE DATE