

**COLUMBIANA COUNTY
DEPARTMENT OF JOB & FAMILY SERVICES
RENT VERIFICATION FORM**

To the Landlord:

Please sign and prepare the rent receipt. Each recipient of public assistance benefits must verify residence. At present, this receipt is the only acceptable form to acknowledge the landlord/tenant relationship. Without verification of residence, this individual cannot receive cash payments and may be unable to meet the rent obligation. Thank you for your cooperation.

LANDLORD: _____ **DATE:** _____
TENANT: _____ **SSN:** _____

As landlord, I hereby certify that _____ is my tenant residing at _____
_____ Columbiana County, Ohio, and (owes/has paid)
rent in the amount of \$ _____ for the month of _____, _____.

What is the heat/cooling source? _____

School District? _____

Does rent include all utilities? YES NO

Tenant pays following utilities separate from rent:

GAS COAL/WOOD TRASH REMOVAL TELEPHONE ELECTRICITY

FUEL OIL/KEROSENE WATER /SEWER /SEPTIC /WELL OTHER

Names of people living with tenant:

Rent paid by others (ie HUD, etc): \$ _____ (A) Name _____

Rent paid by Household/Tenant: \$ _____ (B)

Total cost of monthly rent: \$ _____ (A + B)

Landlord's signature: _____ Date: _____

Landlord's Phone Number: (_____)

Landlord's Address: _____

NOTICE: Intentionally incorrect information may lead to criminal prosecution under O.R.C. 2913.42 (C)(2)(b).

Return completed form to: Columbiana County Dept of Job & Family Services, 110 N. Nelson Avenue, Lisbon, OH 44432.

IMW _____
PHONE 330-424-1471 ext.

Attached: ODJFS 07341 Applicant/Recipient Authorization for Release of Information