

South Central Ohio Job and Family Services

Hocking, Ross and Vinton Counties

Statement of Residency

**** Mandatory field to be completed.**

**Customer Name:		**Social Security #:	
Case Number:			
ADDRESS/HOUSEHOLD COMPOSITION CHANGE			
**Address:			
**Mailing Address (if different) :			
**Phone Number:			
**Please Circle all that Apply	CASH	FOOD ASSISTANCE	MEDICAL
	CHILD CARE		
List the name of the individual(s) who have moved <u>out</u> of the household:			
List the name of the individual(s) who have moved <u>into</u> the household:			
** List all household members living in the home and check the correct box corresponding with purchase and prepare meals. If you need additional space please use other side. **Check Yes if the individual purchases and prepares <u>together</u> with you. If individuals are being added please provide any income or a no income statement . **Check No if the individual purchases and prepares <u>separate</u> from you.			
Name:	Relationship:		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
**Landlord: Please have the landlord fill out the information below: If form is not completed by landlord please provide copies of rent and utilities			
<u>Household's Monthly rent :</u> Does HUD pay any part of the rent? If rent is split who pays how much? \$ _____ \$ _____			
<input type="checkbox"/> Yes If <u>YES</u> , how much does HUD pay:		<input type="checkbox"/> No	

