## 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:		T							
**Mailing Address (if	f 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									
	-	itional space please use		ls are being added					
**Check Yes if the individual purchases and prepares together with you. If individuals are being added please provide any income or a no income statement.									
**Check No if the individual purchases and prepares separate from you.									
Name:		Relationship:							
		,	☐ Yes	□ No					
			☐ Yes	□ No					
			☐ Yes	□No					
			☐ Yes	□ No					
			☐ Yes	□ No					
			☐ Yes	□ No					
			☐ Yes	□ No					
		e have the landlord fil							
If form is not completed by landlord please provide copies of rent and utilities									
Household's Monthly rent :									
Does HUD pay any part of the rent?									
If rent is split who pays how much?									
\$\$									
☐Yes If <u>YES</u> , how much does HUD pay: ☐No									

Is the household responsible for payment of all utilities?		☐Yes If <u>YES</u> , which ones:		Are	Are utilities split?  ☐Yes ☐No			
				□Ye				
□Electric	□Gas	☐Fuel Oil	$\square$ Phone		If <u>NO</u> , what utilities, if any, are included in the rent?			
□Coal/Wood	□Trash	□Other	□Water					
What is the heating source of the residence?								
What is the cooling source of the residence?								
**Landlord Signature:								
Phone: ( )								
Date:								
Complete Address:								
<u>Landlord:</u>								
I certify under penalty of perjury that the above information is the truth to the best of my knowledge. I am willing to execute a sworn affidavit attesting to the above information before a notary public if requested to do so.								
**Other Person S	ignature:							
Phone: ( )								
Date:								
Complete Address:								
Other Person:								
I certify under penalty of perjury that the above information is the truth to the best of my knowledge. I am willing to execute a sworn affidavit attesting to the above information before a notary public if requested to do so.								
Comments/Note to caseworker:								
Customer signat	:ure:		Date	:				