Dr. Mindy M. Banfield
Commissioner of Human Services
Chemung County Department of Social Services and Mental Hygiene
425 Pennsylvania Avenue
PO Box 588
Elmira, NY 14902-0588

Patrick Palmer
Director of Economic Security

LANDLORD STATEMENT

****LANDLORD TO COMPLETE ENTIRE FORM AND SIGN WITH TENANT****

This is to certify that the (check type dwelling): is located at _____

☐ Apartment # _____
☐ Room in Private Home
☐ Rooming House
☐ Trailer Lot # _____
☐ House

Street Address

_____

City, Town or Village

_____

County State Zip Code

Is being rented by :_____
Tenant(s) Name

Who pays rent and is tenant of record for
$_____per ☐Week ☐Month ☐Semi-Month

Is rent being subsidized?
☐ Yes ☐ No

If yes, amount $_____
Subsidizing Agency:_____
Does any portion of the rental charge go
Toward a security deposit? ☐ Yes ☐ No
If yes, amount toward deposit $_____

If the heat is not included in rent, type of fuel for heating used:

☐ Natural Gas ☐ Propane
☐ Electric ☐ Oil
☐ Wood ☐ Other

Please check (√) the appropriate items:
Rent includes:

☐ Stove for cooking ☐ Furniture
☐ Heat ☐ Meals
☐ Water ☐ Gas & Electric
☐ Refrigerator ☐Air Conditioning

Tenant moving in :_____
Date

Number of persons residing in dwelling _____

Names	Relationship	Visiting Child?
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

Fuel for Heating Vendor (Name)

_____

Address:

_____
Street

_____
City, Town or Village County

_____
State Zip Code

_____

Does anyone residing in this dwelling perform any services to receive a lower rent?

☐ Yes ☐ No If yes, how much?_____

****THIS WILL NOT BE ACCEPTED IF COMPLETED BY TENANT, LANDLORD MUST COMPLETE****

Phone: (607) 737-5302
Fax: (607) 873-1815
ChemungCountyNY.gov

THIS AGENCY MUST BE NOTIFIED IN WRITING IF & WHEN ANY CHANGE AS TO RENT AMOUNT OR NUMBER OF OCCUPANTS OCCURS

CERTIFICATION/VERIFICATION BY SUBSCRIBER AND NOTICE: I, undersigned, herby certify that the information contained in this Landlord Statement is true and correct and that the form was completed before being signed.

For Restriction Only:

I request that the Chemung County Department of Social Services shall pay the rent out of my grant on my behalf:
☐ Yes ☐ No

I understand the Department of Social Services will reduce my Public Assistance cash grant accordingly. I understand that I have the right to have the restricted payments discontinued promptly at any time by making a request in writing to the Department of Social Services.

_____ _____
Tenant's Signature Date

_____ _____
Social Security Number Tenant's Telephone Number

WARNING
PURSUANT TO SECTION 175-35 OF THE PENAL LAW, A PERSON WHO INTENDS TO DEFRAUD THE STATE OR ANY POLITICAL SUBDIVISION THEREOF BY OFFERING OR PRESENTING A WRITTEN INSTRUMENT WHICH HE OR SHE KNOWS CONTAINS A FALSE STATEMENT OR FALSE INFORMATION TO A PUBLIC OFFICE WILL BE FILED WITH, REGISTERED OR RECORDED IN OR OTHERWISE BECOME A PART OF THE RECORDS OF SUCH PUBLIC OFFICE OR PUBLIC SERVANT, IS GUILTY OF A CLASS "E" FELONY CARRYING A POSSIBLE SENTENCE OF 4 YEARS IN PRISON, A $5,000 FINE, OR BOTH.

This is for verification purposes only and does not imply any obligation on the part of this agency. This is not valid unless completely filled out by the landlord or his/her agent.

LANDLORD INFORMATION

_____ _____
Landlord/Agency Signature & Date Address of Landlord

_____ _____
Above Signature Printed on This Line

Signing verifies you have completed this form and reviewed with the tenant.
Tenant cannot complete the front of this form, it will not be accepted.

_____
Title of Agency Signing for Landlord

_____ _____
Phone Number (Business) (Home) Vendor Number

I, the above landlord am requesting rent be sent directly to me from Chemung County DSS ☐ Yes ☐ No