OFS 81 Rev. 03/14 09/12 Issue Obsolete

Louisiana Department of Children and Family Services Landlord Verification Form

P. O. Box 260031 Baton Rouge, LA 70826-0031

	Case Name: Case ID Number: Worker Number: Date:		
	Please have your landlord complete this form. You must return it to us by If you have any questions concerning the completion of this form, please call		
	Có chủ nhà của bạn hoàn thành mẫu đơn này. Bạn phải trả lại cho chúng tôi bởi Nếu bạn có bất kỳ câu hỏi nào liên quan đến việc hoàn thành mẫu đơn này, xin vui lòng gọi		
	Por favor, pedirle al dueno dueño que completar este formulario. Usted debe volver a nosotros por Si tiene alguna duda sobre el llenado de este formulario, por favor llame .		
The above-named person has given consent for the release of the information requested to help establish eligibility for Public Assistance and/or SNAP.			
1.	Current monthly rent: \$ Who pays the rent?		
2.	Date the above-named person moved into the house/apartment? Property address: Is any portion of the monthly rent paid by Section 8, HUD, or Housing Authority? No If yes, how much? \$		
3.	List all persons who live in the home and list relationship to the above-named person.		
	Name Relationship to Above-Named Person		

4.	Does the above-named person receive a HUD u If yes, how much is the check?	tility check each month?	
5.	5. Are utilities included in the rent payment?		
6. Is this household responsible to pay for any utilities separately from the rent payment? Yes No If yes, which utilities are separate? Please list:			
7. If the household lives in Section 8 or HUD housing, do they pay excess utility charges? ☐ Yes ☐ No If yes, how much? \$			
Prin	nt Name of Landlord/Agent/Owner Date	Signature of Landlord/Agent/Owner	
Address			
Telephone number where you can be reached during the day:			