



DEPARTMENT OF HUMAN SERVICES
Economic Independence Division
2100 Washington Boulevard, 1st Floor, Arlington, VA 222041-5703
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SHELTER and RESIDENCE EXPENSE VERIFICATION

This will verify that \_\_\_\_\_ lives/resides at:

Form with fields for #, Street Name, Unit #, County/City, State, Zip Code

1. Renter is responsible for monthly rent in the amount of \$\_\_\_\_\_. Rent includes utilities? [ ] Yes [ ] No
Renter has lived here since \_\_\_\_\_ Renter must leave by: \_\_\_\_\_

If rent DOES NOT include utilities:

- Does the renter pay the same amount for utilities each month? [ ] Yes [ ] No
If YES, how much: \$\_\_\_\_\_
Check if the renter pays expenses for: [ ] Heating [ ] Cooling [ ] Cable/Internet
If yes, is this utility expense shared with another person? [ ] Yes [ ] No

2. Does renter purchase, store and prepare meals separately from others at this address? [ ] Yes [ ] No [ ] Unknown

3. List the names of all persons living in this residence: \_\_\_\_\_

4. List all names appearing on the LEASE: \_\_\_\_\_

(You may include a copy of the lease)

This Document should be completed and notarized by your landlord and/or lease householder.
Please be advised that if you complete this form and you currently receive a housing subsidy through either the Housing Choice Voucher (HCV), Housing Grant (HG) or a Permanent Supportive Housing (PSH) program, you may be compromising your benefit. The program will be notified if you are receiving this benefit and sign this form.

Form with fields for Printed name of person completing this form, Signature of person completing this form, Relationship to renter, Daytime Telephone Number, Date Form Completed