



State of Utah  
Department of Workforce Services  
**SHELTER/LANDLORD STATEMENT**

Case Number: \_\_\_\_\_

Please use a black pen to complete form

**THIS FORM MUST BE COMPLETED BY YOUR LANDLORD OR MANAGER**

1. Name of Tenant: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Date this tenant moved in: \_\_\_\_\_  Home  Apartment  Trailer  
Name of apartment complex: \_\_\_\_\_

3. Monthly rent amount (not including late fees or other legal fees): \$ \_\_\_\_\_  
Are there any other fees associated with renting this apartment?  Yes  No

If yes, explain: \_\_\_\_\_

A. Is the rent split between 2 or more tenants?  Yes  No  Unknown  
If yes, how is it divided? \_\_\_\_\_

B. Does anyone subsidize (pay all or part of) the rent?  Yes  No  
If yes, please indicate who: \_\_\_\_\_

Housing Authority name & phone #: \_\_\_\_\_ \$

Church name & phone #: \_\_\_\_\_ \$

Family member & phone #: \_\_\_\_\_ \$

C. Does this tenant work for rent?  Yes  No If yes, how much per month: \$ \_\_\_\_\_  
How many hours do they work per month: \_\_\_\_\_

4. Utilities the tenant pays:  Electric  Gas  Phone  Sewer  Water  Garbage

5. Are the utilities included in the rent?  Yes  No

6. Are the utility costs shared?  Yes  No  Unknown

Does anyone pay for the tenant's utilities?  Yes  No If yes, who? \_\_\_\_\_

How is the residence heated?  Electric  Gas  Steam  Wood  Coal  Propane

Is the home cooled?  Yes  No

If yes, how?  Swamp Cooler  Central  Other: \_\_\_\_\_

7. Please list all adults, age 18 and over, living in the home:  
\_\_\_\_\_  
\_\_\_\_\_

8. Please list all children under age 18 living in the home:  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you related to the tenant?  Yes  No  
If yes, how?  Parent  Sibling  Other: \_\_\_\_\_

**PLEASE PRINT & SIGN YOUR NAME BELOW. Include a phone number where you may be reached.**

Return this form immediately to your local DWS office, or fax to (801) 526-9500, Toll Free 1-877-313-4717.

\_\_\_\_\_  
Name (print) Signature Phone

\_\_\_\_\_  
Position/Title Landlord's Address Date

*Equal Opportunity Employer/Program*