

**South Carolina Department of Social Services
Economic Services
LANDLORD/OWNER STATEMENT**

To: _____ Client/Tenant's Name: _____
Address: _____ Case No.: _____
_____ Case Name: _____
DSS Worker's Name: _____ Address: _____
Telephone Number: _____ Date: _____

1. Does the client/tenant reside at above address? Yes No
2. Date Moved In: _____ Date Moved Out: _____
3. Please provide the amount billed for:
Rent: _____ Space/Lot Rent: _____ Land Payment: _____
4. Is the amount billed? Monthly Weekly Other (Explain) _____
5. Are heating and cooling costs included in the rent? Yes No If so, how much? _____
6. Does Section 8 assist with the rent? Yes No If so, how much? _____
7. Does Section 8 assist with the utilities? Yes No If so, how much? _____
In whose name(s) is check written? _____
8. Has anyone paid any rent on behalf of the client/tenant? Yes No If yes, how much? \$ _____
How often is the rent is paid on the client/tenant's behalf? Monthly Biweekly Weekly Varies
9. Please list names of the people currently living at this address:

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10. Please list the source(s) of household income, if known: _____

11. Are you a relative of anyone in the household? Yes No
If so, please state to whom you are related and how related: _____

Your Printed Name: _____
Your Signature: _____
Your Telephone No.: _____
Date: _____

This institution is an equal opportunity provider.