

**South Carolina Department of Social Services
Family Assistance Programs
LANDLORD/OWNER STATEMENT**

To: _____ Tenant's Name: _____

Address: _____ Case No.: _____

_____ Case Name: _____

_____ Address: _____

Worker's Name: _____ Telephone No.: _____ Date: _____

1. Was tenant residing at above address as of _____ ? Yes No

2. Date Moved In: _____ Date Moved Out: _____

3. Amount billed for:

Rent: _____ Space/Lot Rent: _____ Land Payment: _____ Home 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 tenant? Yes No

If yes, please give name and address if known: _____

9. Please list names of the people currently living at this address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

11. Are you a relative of anyone in the household? Yes No

12. If so, please state to whom you are related and how related: _____

Your Printed Name: _____

Your Signature: _____

Telephone No.: _____