



**NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY
ASSISTANCE**

40 NORTH PEARL STREET
ALBANY, NY 12243-0001

David A. Paterson
Governor

Informational Letter

Section 1

Transmittal:	10-INF-12
To:	Local District Commissioners
Issuing Division/Office:	Center for Employment and Economic Supports
Date:	July 12, 2010
Subject:	Revised LDSS-3668: "Shelter Verification" Form
Suggested Distribution:	Food Stamp Benefits Staff Temporary Assistance Staff MA Directors CAP Coordinators Employment Coordinators WMS Coordinators Staff Development Coordinators
Contact Person(s):	Policy Questions: Temporary Assistance Bureau at (518) 474-9344 or 1-800-343-8859 Food Stamp Bureau at (518) 473-1469 HEAP Bureau at (518) 473-1469 Forms Questions: Kelly Whitney @ 1-800-343-8859, ext. 3-7991
Attachments:	Attachment 1: LDSS-3668: "Shelter Verification"
Attachment Available On – Line:	<input checked="" type="checkbox"/>

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
95 INF-16	95 INF-16	351.2(b)(2)(ii)		TASB Chapter 5 Section E, Chapter 9 Section H, Chapter 10 Section F, Chapter 14 Section D	

Section 2

I. Purpose

The purpose of this release is to inform local districts of revisions to the LDSS-3668: “*Shelter Verification*” form.

II. Background

The LDSS-3668: “*Shelter Verification*” form is designed to be completed by the landlord or property owner, when necessary to verify residency and shelter expenses. The use of the LDSS-3668 is not mandated, but its routine use is strongly recommended. This latest revision of the LDSS-3668 is dated 02/10 and has been available for use by local districts since March, 2010. Below is a detailed summary of the changes, from the 1/03 version, which were incorporated in this revision.

III. Program Implications

Rest of State

The following changes have been made to the LDSS 3668: “*Shelter Verification*” form:

Front

- The revision date was changed to 2/10
- The space for landlord’s name and address was removed
- The introductory language was shortened to one paragraph
- The boxes for signature of the eligibility worker, unit and telephone number were removed
- The boxes for the current landlord’s name and address were removed

Section A. Shelter Description

- The boxes for the superintendent’s name and telephone number were removed

Section B. Shelter Expenses

- Section B. Shelter Expenses has been changed to Section B. Household Composition and has been reformatted
- The following boxes have been removed:
 1. Was a lease signed, By whom, Period of lease, Date lease was signed
 2. Date tenant moved in or will move in
 3. Does the landlord live in the same apartment/ rental unit as tenant(s)
 4. Name of Landlord, relationship to tenant, date, signature of landlord/agent, title, telephone number.

Section C. Household Composition

- Section C. Household Composition has been changed to Section C. Shelter Expenses and has been reformatted

- The box PAID BY has been removed
- The box IF SECTION 8 IS IT A: Certificate, Voucher, Other has been removed
- The question “If no, does the tenant pay the vendor directly for heat?” was added

Section D. Landlord Information

Section D is newly created section and contains information on both the landlord and the property owner. It also includes a box for the date the tenant has or will move in and a box which asks if the landlord lives in the same rental unit as the tenant.

New York City

There are no program implications for New York City. The LDSS 3668: “*Shelter Verification*” form is used by Rest of State only.

IV. Forms Ordering Information

- The revised English version of the LDSS-3668: “*Shelter Verification*” is a State printed form. The procedures for ordering PDFs or master camera ready copies are listed below.
- The above referenced documents have also been posted on the OTDA Intranet website at http://otda.state.nyenet/ldss_eforms/default.htm and are available for downloading by local districts for reproduction locally.
- Any future written requests for master camera ready copies of the English version of the document, should be submitted on OTDA-876: “*Request for Forms or Publications*”, and should be sent to:

Office of Temporary and Disability Assistance
BMS Document Services and Operational Support
PO Box 1990
Albany, NY 12201

- Questions concerning ordering forms should be directed to BMS Document Services at 1-800-343-8859, ext. 4-9522.
- Master camera ready copies of the documents may also be ordered through Outlook. To order a master camera ready copy you must obtain an OTDA-876 electronically by going to the OTDA Intranet Website at <http://otda.state.nyenet/> then to Division of Operations and Program Support page, then to PSQI E-forms page (this page contains the electronic OTDA-876).
- For those who do not have Outlook but who have Internet access for sending and receiving e-mail, the Internet e-mail address is: gg7359@dfa.state.ny.us . For a complete list of available forms, please refer to the OTDA Intranet site: http://otda.state.nyenet/ldss_eforms/default.htm .

Issued By

Name: Russell Sykes

Title: Deputy Commissioner

Division/Office: Center for Employment and Economic Supports

Local District Name and Address:	Case Number:	Worker ID:
	Case Name and Address:	

Dear Sir/Madam:

We are currently reviewing the assistance case of the above named person. In order to complete our evaluation of this case, we need information regarding household composition and shelter expenses. This form is for verification purposes only, and does not imply any obligation on the part of this Agency.

Please complete this questionnaire beginning with Section A below. Thank you for your cooperation.

SECTION A: SHELTER DESCRIPTION

Address: _____ City: _____ Zip Code: _____ County: _____	Type of Dwelling (Check One)	
	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartment (# ____) <input type="checkbox"/> House <input type="checkbox"/> Trailer No. of Bedrooms: ____	<input type="checkbox"/> Room in Private Home <input type="checkbox"/> Commercial Rooming House Are Meals Included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is any part of the room rent used for heat or utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B: HOUSEHOLD COMPOSITION

Number of people living in this rental unit: _____			
Names	How long has this person lived here?	Names	How long has this person lived here?
Does anyone listed above have a telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____		Is anyone listed above employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Employer: _____	
Does anyone listed above perform any services for you for which he/she receives a lower rent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		Do you have any employment opportunities for a member of this household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	

SECTION C: SHELTER EXPENSES

Rental Amount: \$ _____ Due: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month	Is rent paid up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Last month that rent was paid in full: _____
Name of person(s) paying rent: _____ Name of Tenant of Record: _____ (If different from person paying the rent)	Is rent subsidized? (e.g. HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount subsidized: _____ Subsidizing agency: _____
Check the following which are included in the rent: <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Hot Water <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Furniture <input type="checkbox"/> Garbage Collection <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Cooking Fuel <input type="checkbox"/> Meals <input type="checkbox"/> Heating Equipment	
If heat is not included in rent, check the primary type of fuel used for heating : <input type="checkbox"/> Natural Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Electricity <input type="checkbox"/> Oil	
Does the furnace/stove heat: <input type="checkbox"/> Only this apartment <input type="checkbox"/> Entire House <input type="checkbox"/> Other (Specify): _____	
Does the tenant pay to you an amount, separate from the rent, for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list monthly amount: _____ If no, does the tenant pay the vendor directly for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the tenant pay to you an amount, separate from the rent, for water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list monthly amount: _____	
Does the tenant pay to you an amount, separate from the rent, for other non-heating utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list monthly amount: _____	
If tenant pays for non-heating utilities, are there separate meters for the tenant's apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To your knowledge, does anyone that lives outside of the household pay all or part of the rent and/or utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	

SECTION D: LANDLORD INFORMATION

Does Landlord live in the same apartment/ rental unit as tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Tenant moved in / will move in:
Relationship to Tenant:	Landlord's Name:
Landlord's Address:	Landlord's Telephone Number:
Landlord's Signature:	Landlord's E-mail Address:
Date:	Owner's Name (If different than landlord):
Owner's Address:	Owner's Telephone Number: Owner's E-mail Address: