## STATEMENT OF LIVING ARRANGEMENT

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For:		Worker #
(Tenant's Name	<u>;)</u>	
• •	supposed to pay. If y	ont rent receipts or lease agreement and utility bills. They may you don't have bills or receipts you can use this form. It may be a support of the support
TO: PERSON CHARGING/CO	LLECTING RE	ENT (landlord/manager/owner/leaser/housemate)
We must verify the living costs of the persor Their chargers and sign and date the form. T		ease answer all the following questions regarding
The person named above rents and lives at the	he following address	88:
Complete Address	Rm/Apt#	:# City
Date person named above moved in:	Amt. of rent c	charged for move-in month
Amt. of person named above's rent per mont	th: \$ Date r	rent is due each month:
Previous rent amount \$ I	Date of last change_	
Total number of people (including children)	at this address/livin	ng in home:
Check boxes which apply:		
<u>Utilities – Check one</u>		Food – check one
☐ The following utilities are included in the ☐ Gas ☐ Electricity ☐ Garbage ☐ Sewer	e rent payment:  Water Telephone	Cost of food in included in rent (e.g., Room & Board) Cost of food is shared with others Cost of food is responsibility of person named above
☐ The renter Receives the following free ut ☐ Gas ☐ Electricity ☐ Garbage ☐ Sewer	tilities:  Water  Telephone	Cost of food in included in rent (e.g., Room & Board) Cost of food is shared with others
Does person named above work in exchange	e for: Rent Food Utilitie	
Provider/Landlord's Name (please print)		Date
Provider/Landlord's Address		Home Phone

Provider/Landlord's Signature \_\_\_\_\_\_Business Phone \_\_\_\_\_

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