

SHARED SHELTER ARRANGEMENTS

Name _____ Phone Number _____ Case Number _____

Physical Address _____

Mailing Address _____

MEAL ARRANGEMENT FOR SNAP

List everyone you live with (all family members and roommates, including children). Use back of form for more space if needed.

Name	Relationship	Phone Number	Check if on the lease	Does this person buy and prepare meals separately from you?	Signature if age 18 or over	Date
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

RENT AND UTILITIES

Is your name on the lease? Yes No (If yes, provide form 775 Rental Verification Request or current lease)

Did you receive fuel assistance in the past 12 months at any address? Yes No (If yes, provide award letter)

What is your portion of the rent (not including utilities)? \$ _____ weekly/bi-weekly/monthly (circle one)

If you are responsible for utilities separately from the rent, please check which utilities you pay for. If any utilities are in your name, please provide a copy of the current bill.

Heat Air Conditioning Electric Telephone Internet
 Garbage/Trash Water Sewer Cooking Fuel Other (Type _____)

Client Signature **Date**

Lease Holder Printed Name & Signature **Date**

Return to: Centralized Scanning Unit (CSU) PO Box 181 Concord, NH 03301
 This institution is an equal opportunity provider.