



## Shared Housing Verification Form

### Give this form to DTA

- By mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office.

### Instructions

If you share housing, you can use this form to verify information about your housing situation:

- For TAFDC, we need to know if you live in private, public or subsidized housing and if you pay rent.
- For EAEDC, we need to know if you pay rent.
- For SNAP, we need to know if you share food with the people you live with. Also, you may get more benefits if you tell us your rent amount and whether you pay for utilities. You can get benefits if you do not give us information about your rent and utilities, but the amount may be lower.
- For SNAP, TAFDC and EAEDC, we need verification that you live in Massachusetts.

To use this form, give it to the person you live with (the primary tenant, homeowner or roommate) to fill out. See below for examples of verifications you can give us instead of this form. If you cannot get any of these verifications, talk to a DTA case manager. We may accept your written statement in some situations.

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### Examples of other verifications

#### To verify that you live in Massachusetts:

- Recent rent receipt lease
- Recent utility bill
- Voter registration card
- Recent wage stub or employment document showing your address
- Health insurance statement showing your address
- Driver's license, state ID or school ID showing your address

#### To verify rent:

- Recent rent receipt or a copy of lease
- Recent cancelled check or money order for rent payment

#### To verify your utilities:

- Recent bill for heating or cooling
- Recent bill for gas or oil (non-heat), electricity, wood, coal, water, sewerage, or trash disposal
- Recent bill for phone
- Fuel assistance approval letter

### If you have questions or need help getting verifications

- If you are applying for or get SNAP benefits, call DTA at 1-877-382-2363.
- If you are applying for or get cash assistance (TAFDC or EAEDC), call your case manager.

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## For client and DTA

\_\_\_\_\_  
Client name

\_\_\_\_\_  
Agency ID or last 4 of SSN

\_\_\_\_\_  
Address

Return completed form to the address above by: \_\_\_\_\_

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## For primary tenant, homeowner or roommate

Please fill out this form to verify how you share rent, utility and/or food costs with the client listed above.

### Household information

- Is your housing public or subsidized (e.g., Section 8 or MVRP)?  Yes  No
- Do you provide meals to the client?  Yes  No

If yes, how many meals per week? \_\_\_\_\_ Amount (if any) paid for meals per week: \$ \_\_\_\_\_

- List people in the home who are related to the client or the client's children (include yourself if appropriate):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- List people in the home who buy food and prepare most meals with client (include yourself if appropriate):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Rent information

- Does the client pay to live with you?  Yes  No

If yes, the rent is: \$ \_\_\_\_\_ per  month  week  other \_\_\_\_\_

### Utility information

- Does the client ever pay for utilities **separate** from rent (even if bill is not in client's name)?  Yes  No

Heating  Air conditioning  Electricity (non-heat/non-AC)  Gas/oil (non-heat)  
 Water/sewer  Garbage removal  Telephone  Other \_\_\_\_\_

### Signature

I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

\_\_\_\_\_  
Print Primary Tenant, Homeowner or Roommate's Name

\_\_\_\_\_  
Date

Signature \_\_\_\_\_