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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 90 INF-25

TO: Commissioners of
 Social Services

DIVISION: Income
 Maintenance

DATE: May 14, 1990

SUBJECT: Revision of "Shelter Verification" Form (DSS-3668)

SUGGESTED

DISTRIBUTION: Income Maintenance Directors
 Food Stamp Directors
 Medical Assistance Directors
 WMS Coordinators
 Staff Development Coordinators

CONTACT PERSON: Wayne Marquit
IM/WMS Program Operations
 1-800-342-3715, extension 6-3413

ATTACHMENTS: DSS-3668: "Shelter Verification" -
 (not available on-line).

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
88 INF-78	88 INF-78			<u>PASB</u> XIII-D-all iv-31.4 and 31.5 <u>FSSB</u> V-E-1.1 thru 1.4 v-9.4 and v-9.9 XI-C-5-all XI-D-all <u>MARG</u> pp 29 and 41 Appendix II pp 7,8,13	

The Shelter Verification form (DSS-3668, Rev. 9/88) was transmitted with 88 INF-78 on December 6, 1988. Attached to this release is a revised version of that form along with an explanation of its changes. The form also called "the Landlord Clearance", is designed to be mailed directly to a landlord at the time of application, recertification, or when a change in residence occurs.

The revisions to the (9/88) version, which are included in the (4/90) version, are listed below:

FACE PAGE

1. To be consistent with other Department forms, the number and title of the form has been added to the top of the page.
2. SECTION A., SHELTER DESCRIPTION, under TYPE OF DWELLING, at the request of Department Staff, a box was added for "COMMERCIAL ROOMING HOUSE".

REVERSE PAGE

1. SECTION B, SHELTER EXPENSES, the top few boxes have been reorganized. Since many landlords leave the box on the top right (AMOUNT OF TOTAL MONTHLY RENT, etc.) totally blank, it has been moved to the far left where it should be more conspicuous.
2. SECTION B, SHELTER EXPENSES, at the request of Department A&QC staff, in the box for "SUBSIDIZING AGENCY", a box has been included for "DATE SUBSIDY BEGAN".
3. SECTION B, SHELTER EXPENSES, at the request of Department A&QC staff, "KEROSENE" and "COAL" have been added as possible heating fuel types.
4. SECTION B, SHELTER EXPENSES, the box beginning "IF NON-HEATING UTILITIES ARE NOT INCLUDED . . .", was changed for clarity, to read "IF TENANT PAYS FOR NON-HEATING UTILITIES, IS THERE A SEPARATE METER FOR THE TENANT'S APARTMENT? ___ YES ___ NO IF YES, WHOSE NAME IS ON THE BILL? _____".
5. SECTION B, SHELTER EXPENSES, in order to place them in a logical order, the last two questions in this section were reordered. The question beginning "DOES THE TENANT(S) PAY . . ." was moved before the question beginning "TO YOUR KNOWLEDGE, DOES ANYONE . . .".
6. SECTION C, HOUSEHOLD COMPOSITION, first box, in order to clarify the rental situation, the wording was changed to "NUMBER OF PERSONS LIVING IN THE RENTAL UNIT".

7. SECTION C, HOUSEHOLD COMPOSITION, in the section concerning employment of household members, at the request of Department A&QC staff, a request was added for employer phone number.
8. Bottom of page, at the request of State and local staff, the box has been changed to add a request for the names of the property owners. The LANDLORD/AGENT SIGNATURE and TITLE have been moved.

Attached is a sample copy of the revised DSS-3668. In order to ensure that usage of the revised form begins within a reasonable amount of time, you may continue to use the existing (9/88) supply until your stock is depleted, or until September 1, 1990, whichever occurs first.

Requests for additional copies of these forms are to be submitted on Form WMS-47 (Rev. 9/89): "WMS Order Form", and should be sent to:

New York State Department of Social Services
Welfare Management System
P.O. Box 1990
Albany, New York 12201
Attention: Office of Systems Development (OSD)

Questions concerning ordering the forms should be directed to OSD by calling 1-800-342-4100, extension 6-6223.

Oscar R. Best, Jr.
Deputy Commissioner
Division of Income Maintenance