



**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

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| 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