



# Landlord Questionnaire

Case Number: <Case Number>  
Worker ID: <Worker ID>

This authorizes you to release information to the Iowa Department of Human Services. Please return the completed form using the enclosed envelope by <due date>. If you have any questions, you can call me at <worker phone>. **Worker Information:** <worker name> <worker FAX> <worker email>

I release you from liability for disclosing this information even if it is confidential.

Tenant's Signature	Date
Tenant's Name	
Regarding the Property at:	

**The following information is to be completed by the person to whom the tenant pays rent.**

HOUSEHOLD MEMBERS	
For the month of:	Please write the names of all persons living in the household for the corresponding month.
<UI First Month>	
<UI Second Month>	
<UI Third Month>	

RENT			
For the Month of:	Rent Billed to Tenant	Amount Billed to Housing Assistance	Lot Rent Billed to Tenant
<UI First Month>	\$	\$	\$
<UI Second Month>	\$	\$	\$
<UI Third Month>	\$	\$	\$

OTHER CHARGES
<p>1. List the amount of all extra charges.  <input type="checkbox"/> Garage \$ _____ <input type="checkbox"/> Pets \$ _____ <input type="checkbox"/> Late Fees \$ _____ <input type="checkbox"/> Other \$ _____</p> <p>2. Are any of these charges included in the rent/lot rent listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. If yes, please list the <b>included</b> charges. _____</p>

UTILITIES
<p>1. Check all the utilities the tenant is responsible to pay that are <b>not included</b> in the billed rent amount.  <input type="checkbox"/> Air conditioning (includes seasonal) <input type="checkbox"/> Heating <input type="checkbox"/> Lights <input type="checkbox"/> Cooking fuel <input type="checkbox"/> Water/sewer  <input type="checkbox"/> Trash</p> <p>2. If utilities <b>are included</b> in the rent/lot rent listed above, list the amount of extra charges.  <input type="checkbox"/> Seasonal air conditioning \$ _____  <input type="checkbox"/> Utilities like water, electricity, gas for washer/dryer \$ _____ <input type="checkbox"/> Other \$ _____</p>

Landlord's Printed Name	Landlord Signature
Address	
Phone Number (including Area Code)	Date