

**WASHINGTON COUNTY
DEPARTMENT OF JOB AND FAMILY SERVICES**

1115 GILMAN AVENUE
MARIETTA, OHIO 45750

Phone: (740) 373-5513
Fax: (740) 374-7692

Household Composition Form

It is mandatory to verify all members of your household in all OWF cases and residency in all households. For your convenience we are providing this form to help you meet this requirement

Case Name: _____

Please have LANDLORD complete the following questions.

1. How long have you known the above named person? _____

2. Where exactly does this person live (give house number, street, and city). _____

If rural route give directions to home. _____

3. Please list **EVERYONE** that lives in the household including the above person.

4. How do you know the above named person? _____

Your signature below indicates that the information supplied by you is true and correct. It is a criminal offense to provide false or incomplete information to the Department of Job and Family Services for the intention of helping a person get assistance for which they might not otherwise be eligible.

5. Monthly rent amount:\$ _____

Landlord signature: _____

6. Which utilities does tenant pay?
(circle each)

Address: _____

Electric Gas
Water Trash
Phone

Telephone: _____

7. Main source of heating/air condition?

Date: _____

Electric Gas