

+-----+  
 | INFORMATIONAL LETTER |  
 +-----+

TRANSMITTAL: 92 INF-31

TO: Commissioners of  
 Social Services

DIVISION: Income  
 Maintenance

DATE: June 2, 1992

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

SUGGESTED

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

CONTACT PERSON: Bob Gullie  
 IM/WMS Program Operations, at 1-800-342-3715,  
 extension 4-6501

ATTACHMENTS: DSS-3668 (Rev. 4/92): "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.
90 INF-25 88 INF-78	90 INF-25			<u>PASB</u> IV-C-2 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	

The purpose of this release is to introduce the revised DSS-3668: "Shelter Verification", commonly known as the "Landlord Clearance".

The DSS-3668 is designed to be mailed directly to a landlord: (1) at the time of application, (2) when a change in residence occurs, or (3) at recertification. Its purpose is to verify residency and shelter expenses and, when included in the case record, provide documentation for these eligibility factors.

Many local districts have utilized this optional form since 1985, when it was first introduced. As a result of their experience with it, local districts and State staff have suggested enhancements which have been incorporated into this version. This latest revision of the DSS-3668 is dated 4/92 (copy attached) and will be available for use by the local districts in June, 1992. Below is a detailed summary of the changes from the 4/90 version which were incorporated into this revision.

FACE

1. The revision date was changed to 4/92.
2. On the "Signature of Eligibility Worker" line, in the "Telephone No." box, a set of parentheses was added to accommodate an area code, since many times the landlord often lives out of the area.
3. Section A, "Shelter Description", "Type of Dwelling", "Hotel/Motel Room" Selection  
  
This selection was moved to the left box, and the "Commercial Rooming House" selection was moved up to accommodate the new question "Are Meals Included? /\_\_\_/ Yes /\_\_\_/ No." This new question will aid the examiner in determining a "board" situation.
4. On the "Superintendent's Name" line, in the "Telephone No." box, a set of parentheses was added to accommodate an area code.
5. At the bottom of the FACE page, the phrase "SEE REVERSE SIDE" was added and bolded, because several local districts reported that the form is frequently returned to them with only one side completed.

REVERSE PAGE

1. The revision date was changed to 4/92.
2. In Section B, "Shelter Expenses", in the area titled "Check the Following Which are Included in Rent", additional selections "Heating Equipment" and "Hot Water" were added. In the event that a tenant-owned heater has to be replaced and/or in determining entitlement to the FS Standard Utility Allowance (SUA), this information could be helpful.

3. Section B, "Shelter Expenses", Heat and Utilities Questions

a. The question "Does The Tenant(s) Pay To You An Amount, Separate From Rent, For Heat and/or Utilities?" was divided into three separate questions:

1. "Does ... Amount, Separate from the Rent, for Heat?"
2. "Does ... Amount, Separate from the Rent, for Water?"
3. "Does ... Amount, Separate from the Rent, for Other Non-Heating Utilities?"

b. The question "If Tenant Pays for Non-Heating Utilities, Are There Separate Meters for The Tenant's Apartment?" was moved and now follows the above questions.

4. In Section C, "Household Composition", the "Date Tenant Moved In" was changed to "Date Tenant Moved In or Will Move In". This was done because local districts reported that many times new landlords think they do not have to complete the form if the tenant has not moved in yet.

5. In Section C, "Household Composition", on the last line in the "Telephone Number" box, a set of parentheses was added to the "Telephone Number" box to accommodate an area code.

Delivery of the revised DSS-3668 to the Albany Warehouse is expected in June, 1992. Your district will not automatically receive copies. Requests for the DSS-3668 should 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)

You may continue to use the previous (4/90) version of this form until your stock is depleted or until September 30, 1992, whichever occurs first. Reorders will be filled with the 4/92 version.

Questions concerning ordering forms should be directed to the Office of Systems Development by calling 1-800-342-3715, extension 6-6223.

---

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