

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

1115 GILMAN AVENUE  
MARIETTA, OHIO 45750

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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