Home Ownership Verification

Ohio Mental Health and Addiction Services
Adult Foster Home
5122-35-03 Operator Standards

In applying to participate in the Adult Foster Home certification / recertification, I understand that I will provide proof of ownership of the residence that is to be certified. If I am renting the apartment or home which is being certified, I will provide a **signed** agreement from the landlord stating that the landlord will agree to allow me to live at the address below for a minimum of two years and will also allow the use of this property as an Adult Foster Home.

Name of Facility **Certification No.:**

Facility Address Facility City Facility Zip Code

Facility County

Name of Homeowner (s):

Mailing Address City Zip Code

Homeowner Insurer:

I, _____ currently ◯ Rent ◯ Own this ◯ House ◯ Apartment
Facility Operator

As a renter of the referenced facility, I (we) have:

☐ Attached a signed agreement from my landlord indicating that the landlord is allowing me to use and operate this residence as an adult foster home for a minimum of two years. OAC 5122-35-03(C)

As an owner of the referenced facility, I (we) have:

☐ Attached an Insurance Declaration Page

By signing this statement, I am declaring that the information provided above is accurate. Any changes of this information will be reported to the Ohio Department of Mental Health and Addiction Services (OhioMHAS) within three days of the change.

_____ _____
Signed by the facility operator Date

_____
Signed by the representative owner of the dwelling