



**Extermination Questionnaire**  
 Erie County Department of Social Services  
 Division of Family Independence | Temporary Assistance  
 B-5886 (5/2020)

To better assist with the application process, please provide the following information. Thank You!

Name		Language Spoken	Phone Number
Address			Apt #
City		Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Number of bedrooms in your home/apartment <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other:		Number of people residing in your home/apartment Adults:                  Children:	
Medical conditions of household member(s)			
Section 8 Rental Assistance <input type="checkbox"/> N/A <input type="checkbox"/> Rental Assistance Corp <input type="checkbox"/> Belmont <input type="checkbox"/> BMHA <input type="checkbox"/> Other: _____ <i>If you receive Section 8 subsidy, contact your Section 8 worker directly to request assistance with extermination.</i>			
Type of pest(s) in the household <input type="checkbox"/> Bedbugs <input type="checkbox"/> Cockroaches <input type="checkbox"/> Other: _____ <i>For rodent issues, contact the Erie County Department of Health's Rodent Control Program at (716)961-6800.</i>			
What proof do you have of the pests			
Has the household been exterminated for this same problem in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when? _____			
What product(s) were used? _____			
What was the result? _____			
If you rent, have you told your landlord about this problem?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what was the landlord's response? _____			
If no, why have you not told your landlord? _____			
Landlord's Name		Phone Number	
Number of units/apartments in the building <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other:			
Number of VACANT units/apartments in the building <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other: <input type="checkbox"/> I do not know			
Are other occupants willing to pay for extermination of their apartment or apply for assistance, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know			
Signature		SSN	Date
<b>NOTE: The extermination company requires that <i>all units are treated at the same time</i>. Your landlord may be asked to pay for extermination of any unoccupied (vacant) units, as well as any occupied units whose residents do not apply or qualify for assistance, or refuse to pay for extermination of their apartment themselves.</b> <b>The entire house must be treated in order for extermination to be successful. If all units are not paid for, we may be unable to assist you.</b>			
Agency Use Only:			