|  |  |  |  |
| --- | --- | --- | --- |
| **CASE IDENTIFICATION** | | | |
| CO | RECORD NUMBER | CSLD | DIST. |
| RECORD NAME | | | DATE |

**CAO NAME AND ADDRESS**

Dear Landlord:

**LANDLORD STATEMENT**

The person listed above has applied for an energy assistance grant and stated that he/she rents a unit from you at

This office is requesting your assistance in verifying this rental information. It will enable us to determine his/ her eligibility for an energy assistance grant. Please complete the following questions. If you have any questions, please call the LIHEAP Hotline at 1-866-857-7095.

1.

Does the applicant rent a unit from you at the above address?

Yes

No

2.

Does the rent include heat?

Yes

No

3.

Amount of Monthly Rent

4.

Is this a subsidized housing unit (HUD, Section 8)?

Yes

No

5. Number of Occupants

6. Does the tenant receive a utility allowance?

Yes

No

If yes, what is the amount?

7. Is the rent cost a fixed percent of your tenant’s income? Yes No

8.

Describe the Unit:

Apartment

House

Mobile Home

Room

**Note:** A room may include a private bathroom, board, kitchen, or bathroom use on shared

basis, light housekeeping facilities

9. Main Source of Heat:

Electric

Fuel Oil

Natural Gas

Kerosene

Propane or Bottled Gas

Coal

Wood

Other

10. Does the tenant pay the utility company for the

electricity that runs the heating system.

Yes

No

11. Is there a relationship between you and the tenant?

If yes, what is the relationship?

Yes

No

**Thank you for helping to process your tenant’s application**.

Landlord Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_