



Landlord Verification Form

Landlord: Please read the following and complete the next page.

Your tenant is applying for the NH Fuel Assistance Program (FAP). It is a requirement of the program, that all renters (with heat included in the rent) have a Landlord Verification Form completed by the landlord.

2019-2020 New Hampshire Fuel Assistance Program

There are important changes to the NH Fuel Assistance Program (FAP):

For any household whose heat is included in the rent, FAP eligible households will no longer be receiving a rental voucher.

Since FAP is a heating assistance program and heat is included in the rent, eligible households will now receive a monthly heating voucher to be applied towards the heating portion of their rent. Vouchers may not be issued for months prior to December 1, 2019 or later than April 30, 2020.

- Heating vouchers will be issued in amounts of no more than \$315 each month.
- If the total awarded benefit is more than \$315, the household will receive multiple monthly vouchers totaling up to their benefit amount.
- Both the tenant and landlord must sign the voucher(s). This signed voucher must be returned to Tri-County Community Action Program, in order to receive payment.
- All signed heating vouchers may be submitted at the same time; however they will only be paid in the month for which they are issued.
- Please notify Tri-County Community Action Program if your tenant moves out. Heating vouchers can only be paid for the month in which a tenant actually lives in the unit.



OWNER'S NAME: _____ please print

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ TEL _____

OWNER'S EMAIL ADDRESS: _____

MAKE CHECK PAYABLE TO: _____

ADDRESS TO MAIL CHECKS TO: _____

MANAGER'S NAME: _____ TEL _____

TENANT'S NAME: _____

ADDRESS: _____ APT # _____

CITY: _____ STATE _____ ZIP _____ TEL _____

OF ADULTS (18+): _____ # OF CHILDREN (Under 18): _____ Date of Occupancy: _____

Please list the name of everyone living in the household:

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

Rental amount per month: \$ _____ If PAST DUE: Month _____ Amount \$ _____

Please note that City Welfare or Town Rental Assistance is not a subsidized program

Is the tenant responsible for the FULL amount of the rent? ___ YES ___ NO

If not, Agency Paying _____ Tenant portion of the basic rent \$ _____

Please circle the appropriate answers:

Utilities included in rent: Heat Electricity None

PRIMARY fuel type: Electricity Oil Propane (LPG) Kerosene Wood Blend

SECONDARY fuel type: Electricity Oil Propane (LPG) Kerosene Wood Blend None

Total number of rooms: _____ DO NOT COUNT bathrooms and hallways

HOUSING TYPE: SINGLE FAMILY HOUSE DUPLEX MULTI-FAMILY (3+ Apts.) MOBILE HOME

Is the fuel tank shared with other units? Yes ___ No ___

How many apartments are in the building? _____

IT IS MANDATORY THAT ALL RENTERS HAVE THIS FORM COMPLETED

BY SIGNING THIS FORM THE LANDLORD/MANAGER SWEARS THAT THE ABOVE INFORMATION IS TRUE AND

ACCURATE. I understand that if I knowingly give inaccurate or incomplete information pertaining to the tenant's eligibility for the program(s), I am breaking the law and can be prosecuted; conviction may result in imprisonment and/or fine. **THANK YOU.**

OWNER/MANAGER'S SIGNATURE

DATE