**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**