**LANDLORD VERIFICATION**

**TO LANDLORD: Please read the following and complete the next page.**

Your tenant is applying for the Fuel Assistance Program (FAP). In order to assist us in determining his/her eligibility, we must have **accurate** information. It is mandatory that all renters have a Landlord Verification Form completed by the landlord. They cannot get a benefit without this form.

**Please make sure all information requested is completed and correct on this form.**

* If this household is found to be eligible and **heat is not included in rent**, a credit will be issued to the tenant’s fuel vendor.
* If **heat is included in rent and the rent is not subsidized,** FAP will provide assistance in the form of rent voucher(s). The voucher will be issued (to the tenant) for the amount of the benefit, but no more than the tenant’s monthly rent amount. This may be repeated for a specific number of month(s) until the benefit amount has been spent. **If your tenant’s rent is overdue, please fill in the amount past due on a separate sheet of paper. Make sure to include the month(s) the tenant is behind along with the amount per month.** If your tenant pays by the week, make sure to calculate what will be owed for that week plus the remainder of the month. **We do not pay by the week.**
* Checks will be issued within **20 working days** of receipt of signed vouchers.

**Any landlord who qualifies to receive payment from the Fuel Assistance Program must have a current year W-9 on file.**

**The Fuel Assistance Program can pay rent owed starting October 1st, only when the heat is included in the rent, but no payments will be made until the opening of the program in December.**

**The following form must be completed and signed by the Landlord or Manager**

OWNER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ please print

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_TEL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**