



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**

Main Office: 610 Sullivan Street, Berlin, New Hampshire 03570  
Coos County (603)752-3248 Carroll County (603)323-7400 Grafton County (603)968-3560  
www.tccap.org