

CASE # _____

Attn: _____

Southern NH Services/Rockingham Community Action

FUEL ASSISTANCE /ELECTRIC ASSISTANCE PROGRAM

Landlord Verification Form

This form must be completed and signed by the Landlord or Manager

OWNER'S NAME: _____

PLEASE PRINT

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ TEL _____

OWNER'S EMAIL: _____

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: Natural Gas Electricity Oil Propane (LPG) Kerosene Wood

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

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

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

Is the fuel tank shared with other units? Yes No

IT IS MANDATORY THAT ALL RENTERS HAVE THIS FORM COMPLETED!

- If a benefit is approved and **HEAT IS INCLUDED IN THE RENT**, payment will be made payable and sent to the NAME AND ADDRESS LISTED ABOVE IN THE OWNER SECTION.
- If a benefit is approved and **HEAT IS NOT INCLUDED IN RENT**, a credit will be issued to the TENANT'S FUEL VENDOR.

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

Southern NH Services/Rockingham Community Action

LANDLORD VERIFICATION

TO LANDLORD: Please read the following and complete the reverse side.

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 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 the reverse side.** 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 **15 working days** of receipt of signed vouchers.

Any landlord who qualifies to receive payment from the Fuel Assistance Program must have a W-9 on file. This must be accompanied with a photocopy of owner's Social Security number or Federal ID number for verification purposes. **Corporations, Partnerships or Trusts**, must submit either stationery which has the Federal Identification number imprinted on the letterhead or a copy of the IRS label/tax form with the completed W-9.

The Fuel Assistance Program can pay rent owed from Oct. 1, 2015 but only when the heat is included in the rent, and only after the beginning of the program in December 2015. Rental payments cannot be applied to security deposits or to application fees. Failure to comply with these rules will prohibit, you the landlord, from participating in the program.

It is the applicant's responsibility to mail or drop off this completed form back to us with their application package.

Southern NH Services/Rockingham Community Action

Fuel/Electric Assistance Program

P.O. BOX 5040

Manchester, NH 03108-5040