



**LANDLORD VERIFICATION FORM**

**\*This form must be completed by the Landlord \***

**By completing this form, your tenant may be assisted through the Fuel/Electric Assistance Programs.**

Tenant Name: \_\_\_\_\_ Date Occupancy Started: \_\_\_\_\_  
Tenant Street Address \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of Adults (18+) \_\_\_\_\_ Number of Children (Under 18) \_\_\_\_\_  
Type of Housing:  Single-Family  Duplex  Multifamily Apt  Mobile Home  Rooming House  Condo  Other: \_\_\_\_\_  
Is the fuel tank shared with other units?  Yes  No If "Yes": # of total shared units: \_\_\_\_\_

**PLEASE LIST EVERYONE LIVING IN THE HOUSEHOLD**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RENT AMOUNT: \$ \_\_\_\_\_ per  MONTH  WEEK BACK RENT OWED (if any): \$ \_\_\_\_\_  
PUBLIC HOUSING OR SECTION 8 HOUSING:  YES  NO If "Yes" TENANTS PORTION: \$ \_\_\_\_\_  
TOTAL # OF ROOMS: \_\_\_\_\_ (DO NOT COUNT bathrooms, hallways, closets, pantries)  
UTILITIES INCLUDED IN RENT:  HEAT  ELECTRIC  NONE  
PRIMARY FUEL TYPE:  Oil  Propane  Kerosene  Wood  Pellets  Coal  Natural Gas  Electric  
SECONDARY FUEL TYPE (if any):  Oil  Propane  Kerosene  Wood  Pellets  Coal  Natural Gas  Electric

Landlord/Management Company: \_\_\_\_\_ If heat is included in rent, payment is to be made to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, zip code \_\_\_\_\_

**\*\*NOTE that a completed and signed CURRENT year W-9 is required for payment\*\***

**BY SIGNING THIS FORM, THE LANDLORD/MANAGER AGREES 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.

\_\_\_\_\_  
**Signature of Landlord/Manager (required)**

\_\_\_\_\_  
**Phone (required)**

\_\_\_\_\_  
**Date (required)**

Phone: 603-435-2500  
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