

**LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)
LANDLORD INFORMATION REQUEST**

12-30-16 West

_____ has applied for assistance from the Low Income Energy Assistance Program (LIEAP), and we need your help to make an eligibility determination. Please answer the questions below and return the form to **DCF LIEAP, 1710 Palace Dr., Garden City, KS 67846** or **FAX it to 1-888-543-3088**. If you have any questions please contact us by phone 620-272-5800 or email DCF.LIEAPWest@ks.gov. Thank you.

Is the above named person currently residing at _____ ? Yes No
 If yes, how long at this address? Years Months Total people living at this address?

Are utilities included in the rental charges?	Yes	No			
If yes, did the tenant pay the required amount of rent in at least two of the last three months?	Yes	No			
Is the rental unit subsidized (Section 8, Public or Senior Housing)?	Yes	No			
If yes, what amount of rent is the tenant required to pay?	\$				
What is the full monthly rent obligation?	\$				
Is the resident financially responsible for paying any utility bills?	Yes	No			
If yes, which ones (circle all that apply):	Gas	Propane	Wood	Electricity	Other:
Does the applicant pay the utility bill to the landlord or to the utility vendor?	To Landlord		Direct to Vendor		
What fuel is used to heat the residence?	Gas	Propane	Wood	Electricity	Other:
What type of heating system was built into the residence?	Gas	Propane	Wood	Electricity	Other:

Who are the utility vendors for this address?	Gas	Electricity	Other
Name of Utility Vendor:			
Address			
Account #			

Property Owner	
Name:	
Address City, ST Zip	
Phone:	

Landlord (If different from Owner)	
Name:	
Address City, ST Zip	
Phone:	

x _____
Owner Signature / Date

x _____
Landlord Signature / Date