LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) LANDLORD INFORMATION REQUEST

	has applied for assista			he Low Inco	me Fnergy	Assistance P	Program (LIFAP).	
and we need your help					•		•	
return the form by mail of have any questions please							- <u>543-3089</u> . If you ov. 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?			s	No				
If yes, did the tenant pay the required amount of rent in at least two of the last three months? Does his/her dwelling space have a utility meter			Yes No					
separate from other persons living at the address?		Yes No						
Is the rent amount based on income? (such as Section 8, HUD, public or senior housing, etc.)? If yes, what amount of rent is the tenant			Yes No					
required to pay?		\$						
What is the full market value rental amount?		S						
Is the resident financially responsible for paying any utility bills?		Yes		No				
If yes, which ones (circle all that apply):		G	as	Propane	Wood	Electricity	Other:	
Does the applicant pay the utility bill to the landlord or to the utility vendor?		To La		ndlord	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?		Ga	as	Propane	Wood	Electricity	Other:	
Who are the utility vendors for this address?				Electricity		Other		
Name of Utility Vendor:								
Address								
Account #								
Property Owner			Landlord (If different from Owner)					
Name:			Na	ame:				
Address City, ST Zip			Address City, ST Zip					
Phone:			Pł	ione:				
X Owner Signature / Date		x	Landlord Si	gnature / Da	ate			