



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

Name & address of Landlord/Management Co:

If heat is included in rent, payment is to be made to:

****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
Fax: 603-749-3718

Email: Capdoveroutreach@straffordcap.org
Revised June 2022



Landlord Verification Form

TO LANDLORD:

Your tenant is applying for the Fuel Assistance Program through CAPSC. Please read the following and complete the reverse side of this letter. To assist us in determining your tenant's eligibility, we must have accurate information. It is required that all renters, with heat included, have a Landlord Verification Form completed by their landlord. Please confirm that all information requested on the form is complete and accurate.

If/when the household is found eligible for the Fuel Assistance Program and:

- **HEAT IS NOT INCLUDED** - A credit will be issued to the tenant's fuel vendor.
- **HEAT INCLUDED and is subsidized** - The household does not qualify for a Fuel Assistance Program benefit.
- **HEAT INCLUDED and is not subsidized** - Eligible households will now receive a monthly heating voucher to be applied towards the heating portion of their rent. Vouchers may not be issued for months prior to November 1, 2022, or later than April 30, 2023.
 - Heating vouchers will be issued in amounts of no more than \$315 each month.
 - If the total awarded benefit is more than \$315, the household will receive multiple monthly vouchers totaling their benefit amount.
 - Both the tenant and landlord must sign the voucher(s). The voucher must then be returned to CAPSC to receive payment.
 - All signed heating vouchers may be submitted at the same time; however, prepayments for upcoming months will not be made.
 - Please notify Community Action Partnership of Strafford County if the tenant moves out. Heating vouchers can only be paid for the month in which a tenant lives in the unit.

Community Action Partnership of Strafford County
Attn: Fuel Assistance Program
577 Central Ave. Suite 10
Dover, NH 03820