

LANDLORD VERIFICATION

Landlord: Please read the following and complete the next page.

As part of the NH Fuel Assistance Program (FAP) application process, your tenant is required to submit a completed Landlord Verification Form. This form is necessary for renters who have heat included in their rent.

New Hampshire Fuel Assistance Program

There are important changes to the NH Fuel Assistance Program (FAP):

For any household whose heat is included in the rent, FAP eligible households will no longer be receiving a rental voucher. Since FAP is a heating assistance program and heat is included in the rent, 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 December 1, 2023 or later than April 30, 2024.

- Heating vouchers will be issued in amounts of no more than \$484 each month.
- If the total awarded benefit is more than \$484, the household will receive multiple monthly vouchers totaling up to their benefit amount.
- Both the tenant and landlord must sign the voucher(s). This signed voucher must be returned to Tri-County Community Action Program, in order to receive payment.
- All signed heating vouchers may be submitted at the same time; however they will only be paid in the month for which they are issued.
- Please notify Tri-County Community Action Program if your tenant moves out. Heating vouchers can only be paid for the month in which a tenant actually lives in the unit.

Please note that City Welfare or Town Rental Assistance is not a subsidized program.

Owner's name: _____

Mailing address: _____ City: _____ Zip Code: _____

Email: _____ Ph: _____

Make check payable to: _____

Address to mail checks: _____

Manager's name: _____ Ph: _____

TENANT INFORMATION

Tenant's name: _____ Ph: _____

Address: _____ City: _____ Zip Code: _____

No. of adults (18+): _____ No. of children: _____ Date of occupancy: _____

Please list the names of **everyone** living in the household:

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

Rental amount per month: \$ _____ If past due, No. of months: _____ Amount: \$ _____

Does tenant pay FULL rent? Yes / No If not, Agency paying: _____ Tenant rent share: \$ _____

Utilities included in rent: Heat Electric None

Primary Fuel Type: Oil Electric Propane (LPG) Kerosene Wood Blend

Secondary Fuel Type: Oil Electric Propane (LPG) Kerosene Wood Blend None

No. of Rooms: _____ (Do not include halls, bathrooms, pantry and closets)

House Type: Single Family Duplex Multi Family (3+) Condo Mobile Home Room

Is fuel tank shared with other units? Yes / No If yes, how many units share a tank? _____

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.

Landlord Signature

Date