

**2017 Home Energy Assistance Program**  
**Rental Income Reported Form**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
                            Street                            City/Town                            State                            Zip Code

**I. Address of Property:** \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Address \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Address \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Address \_\_\_\_\_ Monthly Rent \_\_\_\_\_

**II. Address of Property:** \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Address \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Address \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Address \_\_\_\_\_ Monthly Rent \_\_\_\_\_

**III. Address of Property:** \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Address \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Address \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Tenant's Name \_\_\_\_\_ Address \_\_\_\_\_ Monthly Rent \_\_\_\_\_

- Please attach a separate sheet if more space is needed
- Please attach explanation for any and all special payment arrangements you have with your tenants.

\*\*\*\*\* THIS DOCUMENT MUST BE NOTORIZED \*\*\*\*\*

\_\_\_\_\_  
Applicant Signature                            Date                            Notary                            Date

**\*\*\*\*This form must be completed and notarized before the intake worker can sign off\*\*\*\***

\_\_\_\_\_  
Intake Worker                            Date