**COMPREHENSIVE COMMUNITY ACTION PROGRAM**

**2019**

# Rhode Island Low-Income Home Energy Assistance Program (LIHEAP)

# **Landlord Information Form**

(To be completed by Landlord)

|  |
| --- |
| Client Name: |
| Client Address: Client Phone #: |

**Heating and Housing Information**

|  |
| --- |
| How many units are in the building? |
| What floor does the applicant live in? |
| How many heating systems are in the building? |

How is the building heated?

[ ]  Oil [ ]  Kerosene [ ]  Electricity [ ]  Gas [ ]  Wood

[ ]  Propane [ ]  Pellets [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Monthly rent amount: $ |
| Is heat included in rent? Yes or No  |
| Is the rent subsidized? Yes or No |
| Is the tenant behind in rent payments? Yes or No |
| If yes, what is the dollar amount and # of payments behind? |

**Landlord Information**

|  |
| --- |
| Landlord's Name: |
| Landlord's Address: |
| Landlord's Telephone: |

Landlord Signature Today's Date

\*\*\*\*\*\*\*\*\***This Document Must Be Notarized**\*\*\*\*\*\*\*\*\*

Notary Name (printed):

Notary Signature Date