## Community Action Program Belknap-Merrimack Counties, Inc.

## **FUEL ASSISTANCE PROGRAM**

Landlord/Tenant Information and Verification Form

## \*THIS FORM MUST BE COMPLETED ENTIRELY BY THE LANDLORD/MANAGER ONLY\*

By completing this form, your Tenant may be assisted through the Fuel/Electric Assistance Programs. Please return the completed form to the Tenant as soon as possible Please complete in ink or type.

LEINOITI INDIVIE:	DATE OF OCCUPANCY:			
	PHONE:			
	Number of children:			
TYPE OF DWELLING: Circle one: Sin Year Dwelling was built:	e-family Multi-family (3+Apts) Duplex Mobile home Rooming house			
PI	ASE LIST <u>EVERYONE</u> LIVING IN THE HOUSEHOLD			
Total Number of rooms	(do not count bathrooms or hallways)			
	Propane NatGas Wood Electric Other			
Is the tenant responsible for full ren  IF NOT: Agency paying	YesNo (NOTE: City and Town Welfare is not a subsidy) Amount of subsidy \$			
Rental Amount: \$	PER: Month or Week Past Due \$			
Utilities included in rent: Heat	Electric Utility Allowance \$			
Name & address of Landlord/Mana	ment Co: *If heat is included in rent, payment is to be made to:			
(No PO Box)	(Must match info on W9 and NH Hires Form)			
Please Print	Please Print			
Signature of Landlord/Manager (re	uired) PHONE (required) DATE (required)			

## Requirement for payment

\*When the heat is included in the rent, the FAP payment will be made towards the rent. The landlord must complete an Alternate W-9 Payers Request for Taxpayer Identification Number and Certification and the NH Employment Security Form (New Hire Reporting Law Requirement). Submit these completed forms to the local Community Action Program office. Please read the instructions carefully. Should you have questions please contact your nearest Area Center.

Concord	Laconia	Suncook	Warner	Franklin	Meredith
225-6880	524-5512	485-7824	456-2207	934-3444	279-4096