

2018 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