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