

Appendix B

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 rental units are in the building? | |
| What floor does the applicant live on? | |
| Does the applicant's rental unit have its own heating system? | |
| How many heating systems are in the building? | Does the applicant pay for their electric? |

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