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?

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