

Rhode Island Low-Income Home Energy Assistance Program (LIHEAP)

Landlord Information Form

(To be completed by Landlord)

| Applicant Information: | | | |
|---|---------------------|------------------|----------------|
| Name: | | Phone: | |
| Address: | | | |
| City | | State & Zip Code | |
| Heating and Housing Information | | | |
| How many units are in the building? | | | |
| What floor/Apt # does the applicant live | on? | | |
| Does the applicant's rental unit have its o | own heating system? | | |
| How many heating systems are in the bu | ilding? | | |
| | | | |
| How is the Applicant's (tenant) apartn | nent heated? | | |
| Oil Kerosene | | Propane | ☐ Wood/Pellets |
| Gas Electricit | у ЦС | Other: | |
| | | | |
| Monthly rent amount | \$ | | |
| Is heat included in rent? | | | |
| Is the rent subsidized? | | | |
| Landlord Information | | | |
| Landlord Name | | | |
| Landlord Address | | | |
| Landlord Phone | | | |
| _ | l | | |
| Landlord Signature | | | Date |
| Landiold Signature | | | Dail |