

VERIFICATION OF RENT AND LIVING ARRANGEMENTS

Montgomery County Department of Health & Human Services

1301 Piccard Drive, 4th Floor

Rockville, MD 20850

240-777-4450

Home Energy Programs

Customer Name: _____

SSN: _____

Worker: _____

Date: _____

****FORM MUST BE COMPLETED BY LANDLORD****

TENANT _____

ADDRESS: _____

DATE OF OCCUPANCY: _____

CURRENT MONTHLY RENT (BEFORE ANY SUBSIDY): \$ _____

TENANT'S RENT RESPONSIBILITY: \$ _____

MANDATORY

1. Is tenant receiving a Housing Choice voucher? YES _____ NO _____
2. Is tenant living in Public Housing? (Section 8 Housing Projects) YES _____ NO _____
3. If tenant is receiving another type of subsidy, please list _____
4. Is HEAT included in the rent? YES _____ NO _____ Type of Heat _____
5. Is ELECTRIC included in the rent? YES _____ NO _____
6. Is this facility Sub Metered? YES _____ NO _____
7. DOES TENANT RECEIVE A UTILITY ALLOWANCE? YES _____ NO _____
8. Is the Landlord related to the tenant? If yes, what is the relationship? _____

WHO LIVES AT THIS ADDRESS? (Include all adults and children)

_____	_____
_____	_____
_____	_____
_____	_____

Landlord's Signature: _____ Telephone Number: _____

TITLE (OWNER, RESIDENT MGR, RENTAL AGT, PRIMARY LEASE HOLDER)

Print Landlord Name: _____ Apt. Name/Stamp _____

Address: _____ Date: _____

VOID IF ALTERED