



MARYLAND OFFICE OF  
HOME ENERGY PROGRAMS  
VERIFICATION OF LIVING ARRANGEMENTS

RETURN THIS FORM TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Instructions: This form must be completed by your landlord or rental agent.***

Customer Name: \_\_\_\_\_ Client ID#: \_\_\_\_\_  
OHEP Worker/Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_

Who currently lives at this address? (Include **all** adults and children):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Is tenant living in Section 8 or HUD housing?      YES      NO
  2. Current monthly rent (before any subsidy): \_\_\_\_\_
  3. Tenant's rent responsibility: \_\_\_\_\_
  4. If tenant is receiving another type of subsidy, please list \_\_\_\_\_
  5. Does tenant receive a utility allowance?      YES      NO
  6. Is heat included in the rent?      YES      NO      Type of Heat \_\_\_\_\_
  7. Is electric included in the rent?      YES      NO
  8. Is this facility Sub Metered?      YES      NO
  9. Is the Landlord related to the tenant?      YES      NO
- If yes, what is the relationship? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(OWNER, RESIDENT MGR, RENTAL AGENT)

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Apt. Name/Stamp: \_\_\_\_\_

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_