



UTILITY
PROGRAMS

ROOMER / BOARDER VERIFICATION

Applicant Name: _____ Applicant Phone: _____

Applicant Address: _____

Owner Name: _____ Owner Phone: _____

Owner Address: _____

The applicant named above has applied to the Low Income Home Energy Assistance Program (LIHEAP) for a Roomer/Boarder energy assistance payment.

RENTAL INFORMATION

Please verify if you are the owner of the residence.

_____ Yes, I am the owner of the residence listed above.

_____ No, I am not the owner of the residence listed above.

Please verify if the applicant named above is a roomer or boarder in your residence.

_____ Yes, the above named applicant is a roomer or boarder in my residence.

_____ No, the above named applicant is not a roomer or boarder in my residence.

Please verify if there are other roomers/boarders that are living at the address listed above.

_____ Yes, there is/are other roomer/boarders living in my residence.

_____ No, there are not other roomer/boarders living in my residence.

Signature of Owner

Date

FOR OFFICIAL USE ONLY

Agency Stamp Here

Intake Worker – Document verification comments: _____