



Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

Dear Landlord,

PLEASE NOTE: Some information has changed. Please read the following information provided and complete the attached forms.

Your tenant is applying for our Energy Services Program. In order to determine his/her eligibility, we must have **accurate** information. It is **mandatory** that all renters with heat included have a Landlord Verification Form **completed by the Landlord or Property Manager only**. Please make sure all information requested is completed accurately and in its entirety on the form.

All forms submitted must provide either the landlord's Social Security number or Tax Payer ID in order for payment to be made. If tenants are responsible for their own heat, the landlord's SSN and Tax Payer ID are not needed.

If heat is **included** in rent, Energy Services will provide assistance in the form of a Heating Voucher equaling no more than \$315 per month. The number of months someone may be eligible is based on the amount of the award but the maximum would be December through April. The full months rent will no longer be paid by the Fuel Assistance Program. Your tenant will receive the heating voucher(s) and will be responsible for having it/them signed by you and submitted to our office for payment.

If there are any questions about any of these changes please contact one of our offices:

Claremont: 603-542-9538

Keene: 603-352-7512

Please note: We are required to have an updated W-9 every year for all landlords. Please fill out the attached W-9 and return it to:

Cheshire County Residents

Southwestern Community Services

PO Box 603

Keene, NH 03431

Sullivan County Residents

Southwestern Community Services

PO Box 1338

Claremont, NH 0374

We suggest that you submit both the landlord form and the W-9 to us directly for privacy reasons.

Rev 06/2020 KF

63 Community Way
PO Box 603
Keene, NH 03431
Phone: (603) 352-7512
Fax: (603) 357-0109



Call Toll Free: (800) 529-0005
TTY-NH: (800) 735-2964

96-102 Main Street
PO Box 1338
Claremont, NH 03743
Phone: (603) 542-9528
Fax: (603) 542-3140



Energy Assistance Rental Verification

*This form is to be completed in its entirety by the **landlord or property manager only**. Your application for Energy Services Programs cannot be completed without this form. Please circle answers.*

Date Completed: _____

1. Please list **EVERYONE** residing in the unit:

2. Physical address of Tenant(s) _____

3. Move-in Date: _____ Move-out Date: _____

4. Is this tenant a Border? **Yes No** ➔ (If yes, must be a certified boarding house and have an official lease)

5. Is this a: **House Mobile Home Duplex Apartment Boarding House**

6. Number of rooms **not including bathrooms, closets and pantries:** _____

7. Type of heating fuel: **Oil Kerosene Wood Pellets Propane Electric Coal Natural Gas**

8. Utilities included in rent: **Heat Hot Water Electric None**

9. If heat is not included, does the tenant reimburse the landlord? **Yes No**

9a).What is the Tenant's % of the bill? _____%

9b).Please provide copy of the fuel bill. Reimbursements will be paid directly to the fuel company.

10. Amount of rent paid: \$ _____ **Weekly Bi-Weekly Monthly**

10a. Amount of rent currently past due: \$ _____

10b. Is this Section 8 or Subsidized? **Yes No**

If yes, what is the Tenant's portion? \$ _____

Signature of Landlord/Manager (please circle title)

Check payable to (if business, list name or LLC)

Landlord's physical address (no PO Box)

Landlord's mailing address

Landlord's phone number

Tax payer ID or Social Security number

Landlord's email address

① An updated W9 is required to be submitted every year

05/28/2020 KF