## NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS LOW INCOME HOME ENERGY ASSISTANCE & UNIVERSAL SERVICE FUND PROGRAMS

## **Tenant Lease Verification Form**

(This form is to be filled out only by the landlord and/or superintendent)

This is to verify that (tenant's name)residing at:		is				
Street Address:		_Apt. Number:				
City, State, Zip Code						
The number of occupants in this residence is:						
Names of ALL members of the family living in the unit:						
Rent payment amount:						
Please verify heating arrangement:						
( ) Heat is included in rent, which is subsidized.						
( ) Heat is included in rent, which is not subsidiz	ed.					
( ) Tenant pays separate charge for heat.	haatina aynansas					
<ul><li>( ) Tenant is responsible for paying his/her own l</li><li>( ) Tenant pays separate charge for air conditioning</li></ul>	0 1					
( ) remain pulse separate enange res and concerned	8.					
Landlord's information:						
First Name:	Last Name:					
Address: (Optional)						
City, State, Zip code:						
Phone Number:						
Landlord/Representative Signature	Date					
Return this form to the following address:						

МСОНА

97 Bassett Highway

Dover, NJ 07801