

**Port Angeles**

228 W. 1st St Suite F  
Port Angeles, WA 98362  
360-452-4726

**Port Townsend**

2120 W. Sims Way  
Port Townsend, WA 98368  
360-385-2571

## Energy Assistance Landlord/Manager Statement

LANDLORD/MANAGER: Complete all sections below. Complete only the information you personally know to be true. Write "Unknown" to questions you cannot answer.

A. Information regarding the rental or leased unit, tenant and rental amount.

Is this Subsidized/Section 8? Yes \_\_\_\_ No \_\_\_\_

Tenant's Name: \_\_\_\_\_

Date Moved In: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Address: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

B. Other Adults and children who live at the above address are:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

C. Name(s) of Employed Persons:

D. Name of person(s) who pay(s) the rent:

E. The tenant works for part of the rent. \_\_\_\_ Yes \_\_\_\_ No If yes, the portion of rent worked for is: \_\_\_\_\_

F. Is tenant responsible for heat costs separate from rent? \_\_\_\_ Yes \_\_\_\_ No

G. What is the main source of heat? \_\_\_\_\_ What heat source does the tenant pay for? \_\_\_\_\_

LANDLORD/MANAGER NAME: \_\_\_\_\_

STREET ADDRESS or PO BOX #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ HOME NUMBER: \_\_\_\_\_

LANDLORD/MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VERIFIED LANDLORD VIA TELEPHONE CALL: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*Landlord will be verified via telephone call\*\***

**\*\*Bring this completed form with you to your appointment\*\***

**DO NOT MAIL THIS FORM**