



823 Commerce Loop ♦ Port Townsend, WA 98368 ♦ (360) 385-2571
 228 W 1st St, Ste J ♦ Port Angeles, WA 98362 ♦ (360) 452-4726
 421 5th Ave ♦ Forks, WA 98331 ♦ (360) 374-6193

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