

**Appendix B**

**Rhode Island Low-Income Home Energy Assistance Program (LIHEAP)**

**Landlord Information Form**

(To be completed by Landlord)

Client Name:	
Client Address:	Client Phone #:

**Heating and Housing Information**

How many rental units are in the building?
What floor does the applicant live on?
Does the applicant's rental unit have its own heating system?
How many heating systems are in the building?

How is the building heated?

- Oil                       Kerosene                       Electricity                       Gas                       Wood  
 Propane                       Pellets                       Other: \_\_\_\_\_

Monthly rent amount: \$
Is heat included in rent?                      Yes or No
Is the rent subsidized?                      Yes or No
Is the tenant behind in rent payments?                      Yes or No
If yes, what is the dollar amount and # of payments behind?

**Landlord Information**

Landlord's Name:
Landlord's Address:
Landlord's Telephone:

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Today's Date

**\*\*\*\*\*This Document Must Be Notarized\*\*\*\*\***

\_\_\_\_\_  
Notary Name (printed):

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date