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

RI LIHEAP Policy Manual Appendix B  June 2019