



TOWN OF PELHAM

Board of Selectmen Office

6 Village Green

Pelham, NH 03076

Form I

RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD

THIS FORM IS FOR THE ASSESSMENT OF ELIGIBILITY. THE FINAL ELIGIBILITY OF RENT ASSISTANCE MAY NOT YET BE DETERMINED. A WRITTEN NOTICE OF DECISION WILL BE GIVEN TO YOUR TENANT.

Tenant's Name: _____ Date: _____

Address: _____
(Number/Street) (Apt. #) (City) (State)

Number of adults in apartment: _____ Number of children in apartment: _____

List of people in apartment: _____

Occupancy date: _____ Security Deposit: Amount \$ _____ Date paid: _____

Rent Amount: \$ _____; paid monthly weekly other _____

Number of Bedrooms: _____ If subsidized rent, please list tenant portion: _____

Rent includes: All Utilities No Utilities Hot Water Heat Electric

Types of Heat: Electric Oil Gas Other _____

Date last rent was paid: _____ Amount paid: \$ _____ Back rent owed: \$ _____

(If back rent is owed, please attach accounting of months and amounts)

For IRS reporting, landlord's Tax ID or Social Security # MUST be provided:

Tax ID # _____ OR Social Security # _____

Failure to provide the correct Tax ID or Social Security # may subject payments to backup withholding.

CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)

Landlord's Name

Telephone/Fax Numbers

Landlord's Address

Name of Manager or other Representative

Landlord Signature

Date