



**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