

Appendix B

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

Landlord Information Form

(To be completed by Landlord)

Client Name: _____ Client Phone #: _____

Client Address: _____

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? Yes ___ No ___

How many heating systems are in the building? _____

How is the building heated?

- Oil Kerosene Electricity Wood/Pellets
 Propane Gas Other: _____

Monthly rent amount: _____

Is heat included in rent? Yes ___ No ___

Is the rent subsidized? Yes ___ No ___

Landlord Information

Landlord's Name: _____

Landlord's Address: _____

Landlord's Telephone: _____

Landlord Signature

Today's Date