

## Appendix B

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

#### **Landlord Information Form**

(To be completed by landlord)

#### **Applicant Information:**

Name:	Phone:
Address:	
City	State, Zip

#### **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?
<input type="checkbox"/> Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Electricity <input type="checkbox"/> Wood/Pellets
<input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____

Monthly rent amount for applicant:	
Is heat included in rent?	
Is the rent subsidized?	

#### **Landlord Information**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date