



**LIVES
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LIHEAP
Greater Bergen Community Action
294 Union Street
Hackensack, NJ 07601
201-488-5100
www.GreaterBergen.org

RENTAL INCOME VERIFICATION FORM

All of the following information is accurate and true to the best of my knowledge. I am aware that by making false statements on the **Home Energy Assistance Application** or any other documentation related to such can be penalized by fine or imprisonment. I am the Landlord of the below named tenant. My information is as follows:

Telephone #: () _____ Social Security # _____

I _____ of _____
(Applicant's Name) (Address)

(City)

(State and Zip Code)

Rent: _____ to _____
(# Amount of room) (Owner's Name)

Rent: weekly/monthly _____ Start renting from: _____

Are all utilities included in the cost of rent? Yes___ No___

If no, which utilities are included in the rent? _____

Both, the tenant and landlord, must sign this form for information to be accepted.

Signature of Landlord

Date: ____/____/____

Signature of Tenant

Date: ____/____/____

Case Worker

Date: ____/____/____