



MARYLAND OFFICE OF
HOME ENERGY PROGRAMS
VERIFICATION OF LIVING ARRANGEMENTS

RETURN THIS FORM TO:

Instructions: This form must be completed by your landlord or rental agent.

Customer Name: _____ Client ID#: _____
OHEP Worker/Phone: _____ Date: _____

Tenant: _____

Street Address: _____

City/State/Zip: _____

Date of Occupancy: _____

Who currently lives at this address? (Include **all** adults and children):

- 1. Is tenant living in Section 8 or HUD housing? YES NO
- 2. Current monthly rent (before any subsidy): _____
- 3. Tenant's rent responsibility: _____
- 4. If tenant is receiving another type of subsidy, please list _____
- 5. Does tenant receive a utility allowance? YES NO
- 6. Is heat included in the rent? YES NO Type of Heat _____
- 7. Is electric included in the rent? YES NO
- 8. Is this facility Sub Metered? YES NO
- 9. Is the Landlord related to the tenant? YES NO
If yes, what is the relationship? _____

Landlord's Name: _____ Title: _____
(OWNER, RESIDENT MGR, RENTAL AGENT)
Phone Number: _____
Street Address: _____
City/State/Zip: _____
Apt. Name/Stamp: _____
Landlord's Signature: _____ Date: _____