

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

ENERGY ASSISTANCE PROGRAM
2527 N. Carson St. # 260
Carson City, NV 89706-0147
Telephone: (775) 684-0730 / FAX: (775) 684-0740

ENERGY ASSISTANCE PROGRAM
3330 E. Flamingo Rd., #55
Las Vegas, NV 89121-4397
Telephone: (702) 486-1404 / FAX: (702) 486-1441

RENTAL VERIFICATION – Applies to Rental Applicant Households *ONLY*

AUTHORIZATION: I authorize you to release the requested information to the Division of Welfare and Supportive Services.

Applicant's Signature

Date

Applicant: If you rent, the following information is necessary to complete the household's eligibility for Energy Assistance Program benefits. Please sign and date the above authorization box giving your consent for the landlord to complete the form. The form must be completed, signed and dated by the landlord, and submitted with the application. **FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE INELIGIBILITY.** Rent/Household composition to be completed by landlord or manager only. Under no circumstances can anyone living in the home, a relative or friend complete this form.

Landlord/Manager: Thank you for your cooperation. Completing this form ensures program integrity and accountability in the administration of public funds in Nevada. The information provided will be used only in conjunction with the official duties of this agency and are confidential. Your helping the applicant is appreciated.

RE: _____
Applicant's Name *Street/Residence Address* *City, State, Zip*

1. List the full names of EVERY person (including the above person) living at the address: _____
2. When did _____ begin living at this address? _____
Applicant's Name *Date*
3. If no longer living at this address, date moved: _____ Forwarding Address: _____
4. **Does a governmental entity provide housing or pay a portion of the rent for this household?** YES NO
Under what program? *(Please check one of the following.)*
 HUD Conventional Public Housing HUD Indian Housing Section 8
 FmHA Rental Assistance Other _____
5. **If household rent is zero \$0, does the household receive a UTILITY ALLOWANCE reimbursement?**
 YES NO **If YES, how much?** \$ _____
6. **Please verify the amount of utility allowance calculated to reduce the household's monthly rent:**
Amount: \$ _____
7. Total monthly rent or estimated market value of rent \$ _____. _____ pays \$ _____.
Applicant's Name
8. Is the rent paid to date? YES NO Date paid? _____
9. How is the rent paid? (cash, personal check, money order, paycheck, etc.) _____
10. Is _____ a responsible party to the terms of the lease? YES NO
Applicant's Name
If NO, who is responsible? _____
11. Does a person outside the household pay any portion of the rent? YES NO
If YES, who? _____
12. Does rent include heating and cooling? YES NO Amount: \$ _____
13. Does anyone in the household work in exchange for rent? YES NO
If YES, who? _____ Date started? _____ Amount? \$ _____

Signature of person completing form _____	Relationship _____
Person completing form _____	_____
Address	City, State, Zip
Phone	Date
Agency Name _____	Apartment Complex _____