NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
LOW INCOME HOME ENERGY ASSISTANCE &
UNIVERSAL SERVICE FUND PROGRAMS

Tenant Lease Verification Form
(This form is to be filled out only by the landlord and/or superintendent)

This is to verify that (tenant's name) _____ is residing at:

Street Address: _____Apt. Number:_____

City, State, Zip Code: _____

The number of occupants in this residence is: _____

Names of ALL members of the family living in the unit:

_____

Rent payment amount: _____
Please verify heating arrangement:
( ) Heat is included in rent, which is subsidized.
( ) Heat is included in rent, which is not subsidized.
( ) Tenant pays separate charge for heat.
( ) Tenant is responsible for paying his/her own heating expenses.
( ) Tenant pays separate charge for air conditioning.

Landlord's information:

First Name: _____ Last Name: _____

Address: _____

City, State, Zip Code:_____

Phone Number: _____

_____ _____
Landlord/Representative Signature **Date**

Return this form to the following address:

LA CASA DE DON PEDRO
EMPOWER AND REVITALIZE

La Casa De Don Pedro
Low Income Home Energy Assistance Program
P.O. Box 7118
Newark, New Jersey 07107

HOME ENERGY
ASSISTANCE PROGRAM

Homeowners Rental Income Verification Form

As per new regulations within the Low Income Home Energy Assistance Programs Income Calculations, all homeowners who have rental income are eligible to have certain deductions made from their rental income.

Please carefully complete the enclosed form and submit your current years Federal Tax Return and all schedules to prove calculation. If you have not filed your current years income tax return or do not file, please submit supporting documents to prove your requested deductions.

Unit Information

Number of Units _____

Number of Units Rented _____

Income Information

Total Annual Gross Income $_____

Deductions

Annual Homeowner's Insurance Premium $_____

Annual Mortgage Interest $_____

Annual Property Tax $_____

Annual Water Bill $_____

Annual Energy Cost Not Paid By Tenants $_____

Annual Repair and Maintanance Expenses $_____

Total Deductions To Be Determined By Valid Documentation

Please be advised that false information may result in fines and/or imprisonment.

To the best of my knowledge, the information disclosed here is true.
I have submitted the required documents to support the information provided.

Signature of Applicant:_____ Date:_____

Case Worker:_____ File Number:_____

LA CASA DE
DON PEDRO
EMPOWER AND REVITALIZE