Town Of Hillsborough, NH General Assistance
P.O. Box 7
Hillsborough, NH 03244

Phone: 603-464-3877 ex 226
Fax: 603-464-4270

LANDLORD VERIFICATION FORM

To Property Owner/Authorized Agent: In order to determine assistance for your tenant, it is necessary to have the following information completed by you:

Date: _____

Name(s) on Lease: _____

List all household members: _____

Address of Rental: _____

Rental Amount: $ _____ Per: ❑ Month ❑ Week ❑ Bi-Weekly

Security Amount: $ _____ Paid By: ❑ Check ❑ Cash ❑ Money Order

Is the tenant responsible for the full amount of rent? ❑ Yes ❑ No* *Tenant's responsibility $_____

Date of Occupancy: _____

Date Rent Last Paid: _____ $ _____
For What Period? _____

Current Rent Due $ _____

Indicate all utilities included in rental amount:

Past Rent Due $ _____
(Please attach Landlord/Tenant Ledger)

❑ Heat ❑ Gas ❑ Electric ❑ Hot Water ❑ Water

Damage/Late Fees $ _____

Number of Bedrooms _____

Total Due $ _____

Number of Notices to Quit/Demands for Rent issued in the last 12 months: _____

Property Owner(s) Name(s): _____

Address: _____ Phone: _____

If this property is managed by an authorized Business or Agency, please complete the following:

Business/Agency Name: _____

Address: _____ Phone: _____

Contact Name: _____ Fax #: _____

Checks will be made payable to the person(s) as listed on line 1 of the W9; W9 must be completed for the owner of the property as listed on the tax bill.

_____
Signature*

❑ Property Owner ❑ Authorized Agent

*Falsification of information is a prosecutable offense pursuant to RSA 641:3

Office Use

rev 11/16/2010

~THIS FORM AND THE W9 MAY BE FAXED TO OUR OFFICE~