

Maine State Housing Authority (MaineHousing)
HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance)

LANDLORD AFFIDAVIT

COMMUNITY ACTION AGENCY (CAA): Downeast Community Partners

PRIMARY APPLICANT NAME: _____

Date of Application _____

APPLICANT RELEASE OF INFORMATION

I grant the above-named CAA permission to obtain information from my Landlord:

Landlord Name: _____ **Property Location:** _____

Landlord Telephone: _____

Landlord Mailing Address: _____

_____, 0 _____

Applicant Signature _____ Date

INSTRUCTIONS TO LANDLORD: Please complete this Affidavit on behalf of your tenant. Return it to the CAA listed below by: _____

This describes the rental agreement for the above-referenced Property Location made between:

_____ (Landlord) and _____ (Tenant)

Date Tenant moved in _____

Rent Amount _____

Rent is paid Monthly Weekly

Is Tenant behind on rent yes no Yes No

Does tenant receive a subsidy toward rent? Yes No

Number of rooms rented to tenant (excluding bathrooms) _____

Number of people living in home _____

Names of all persons living in home _____

Tenant rents

Apartment

Single Family Home

Duplex

Mobile Home

Number of Units in Building _____

Does the tenant's unit share a heating system with other units in building? Yes No

Who pays for electricity? Landlord Tenant

Who pays for heat? Landlord Tenant

What type of fuel is used for heat? _____

Where is fuel tank located? _____

Fuel Tank Size _____

I affirm that I am the landlord to the above Property Location. I also certify the information contained herein is accurate and true to the best of my knowledge.

Landlord Signature

Telephone Number

Date

Landlord Name

Landlord Physical Address

RETURN TO:

CAA Telephone: (207) 664-2424

CAA Fax: (207) 664-2430

CAA Email: _____

CAA Address:

248 Bucksport Road

Ellsworth, ME 04605