



RENTAL VERIFICATION REQUEST

To: _____

From: LRGHealthcare
80 Highland Street
Laconia, NH 03246

Tenant's Name: _____

Tenant's Mailing Address: _____

We would appreciate rental information regarding this tenant. The information is necessary in order to determine his/her eligibility for benefits. Please complete the following information and return to HealthLink.

Tenant's Signature

Date

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name(s) of person(s) responsible for paying rent: _____

Rental unit's street address: _____

Date occupancy began: _____ # of adults: _____ # of children: _____

What is included in the rent: Heat: Yes / No Utilities: Yes / No

COMPLETE FOR SUBSIDIZED HOUSING ONLY

What type of subsidized housing is this? (Check One)

___ Conventional Public Housing ___ FHA515 ___ Rent Voucher ___ Section 8

___ HUD Rent Supplement ___ Section 8 Set-Aside 236 ___

___ Other(please describe): _____

What is the gross family contribution (total tenant payment) per month: \$ _____

What is the net family contribution (total rent) per month: \$ _____

If the rent is paid under Rent Voucher Program, what is the excess rent (amount of rent charge over the fair market value) per month: \$ _____

COMPLETE FOR ALL OTHER TYPES OF HOUSING (NON SUBSIDIZED)

What type of non-subsidized housing is this? (Check One)

___ Apartment House ___ Mobile Home Lot ___ HUD236 (Non Subsidy)

___ Other(please describe): _____

Amount of rent charged to tenants: \$ _____

This amount has been charged since _____

How often is rent due: _____

Signature and Title of Landlord, Manager or Official

Date

Address

Telephone