



**Energy  
Assistance  
Programs**

## ROOMER / BOARDER VERIFICATION

Applicant Name: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

The applicant named above has applied to the Low Income Home Energy Assistance Program (LIHEAP) for a Roomer/Boarder energy assistance payment.

### RENTAL INFORMATION

Please verify if you are the owner of the residence.

\_\_\_\_\_ Yes, I am the owner of the residence listed above.

\_\_\_\_\_ No, I am not the owner of the residence listed above.

Please verify if the applicant named above is a roomer or boarder in your residence.

\_\_\_\_\_ Yes, the above named applicant is a roomer or boarder in my residence.

\_\_\_\_\_ No, the above named applicant is not a roomer or boarder in my residence.

Please verify if there are other roomers/boarders that are living at the address listed above.

\_\_\_\_\_ Yes, there is/are other roomer/boarders living in my residence.

\_\_\_\_\_ No, there are not other roomer/boarders living in my residence.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

### FOR OFFICIAL USE ONLY

Agency Stamp Here

Intake Worker – Document verification comments: \_\_\_\_\_