LANDLORD STATEMENT

CLIENT NAME:	DATE:
PHYSICAL ADDRESS:	
MAILING ADDRESS:	
UNIT NUMBER:	DISTRICT:
Dear Landlord:	
The person listed above has applied for the SLT—LIHEAP Program and stated that he/she rents a unit from you at the above PHYSICAL ADDRESS And HAS THE ABOVE MAILING ADDRESS.	
This office is requesting your assistance in verifying this rental information. It will enable us to determine his/her Eligibility for their Recipient grant. Please complete the following questions. If you have any questions, please call the LIHEAP Program at 701-766-1280 or 701-766-1206.	
1. Does the applicant rent a unit from you at the above address?	[] YES [] NO
2. Does the rent include Heat? [] Yes [] No	3. Amount of Monthly Rent?
4. Is this a subsidized housing unit (NAHASDA, Section 8) [] Yes [] 5. NUMBER OF OCCUPANTS:	
6. Is the rent cost a fixed percent of your tenant's income?	[] Yes [] No
7. Describe the unit: [] Apartment [] House [] Mobile Home [] Room NOTE: A room may include a private bathroom, board, kitchen or bathroom use on shared basis, light housekeeping facilities.	
8. Main Source of Heat: [] Electric [] Fuel Oil [] Natural Gas [] Propane/Bottled Gas OTHER:	
9. Is the tenant required to pay the utility company for the electricity that runs the Heating System? [] Yes [] No	
10. Is there a relationship between you and the tenant:	[] Yes [] No
If yes, what is the relationship:	
Thank you for helping to process your tenant's application.	
Landlord Signature:	
Landlord's Address:	
Landlord's Telephone Number:	
DATE:	