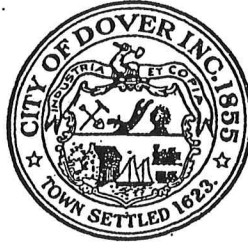


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PUBLIC WELFARE DEPARTMENT RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE OWNER OR AUTHORIZED AGENT ONLY:
This is for information only and does not constitute agreement for payment.

Tenant's Name: _____ Date: _____

Address: _____
(Number/Street) (Apt. #) (City) (State)

List Household Members: _____

of Bedrooms: _____

Occupancy Date: _____ Security Deposit: Amount: \$ _____ Date paid: _____

Rent Amount: \$ _____; paid monthly weekly other _____

IF TENANT IS APPLYING FOR 1ST MONTH RENT, HAS CURRENT FINANCIAL ABILITY TO
MAINTAIN PROPOSED RENT BEEN VERIFIED? Yes No

If subsidized rent, please list tenant portion: \$ _____

Rent Includes: All utilities No utilities Hot Water Heat Electric

Type of Heat: Electric Oil Gas Other _____

Date last rent was paid: _____ Amount Paid: \$ _____ Rent owed to date: \$ _____

(If back rent is owed, please attach accounting of months and amounts)

For IRS reporting; landlord's Tax ID or Social Security # must be provided:

Tax ID #: _____ OR Social Security #: _____

CHECK IS TO BE MADE PAYABLE TO: (PLEASE PRINT)
(THIS SHOULD BE THE SAME AS W-9)

Property Owner _____ Agent's Name _____

Full Address of Property Owner _____ Telephone # _____

Agent's Telephone _____ Fax # _____

Signature of Agent _____

Signature of Property Owner _____ Date _____