MARYLAND OFFICE OF
HOME ENERGY PROGRAMS
VERIFICATION OF LIVING ARRANGEMENTS

RETURN THIS FORM TO:

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***Instructions*: This form must be completed by your landlord or rental agent.**

Customer Name: _____ Client ID#: _____

OHEP Worker/Phone: _____ Date: _____

Tenant: _____

Street Address: _____

City/State/Zip: _____

Date of Occupancy: _____

Who currently lives at this address? (Include **all** adults and children):

_____ _____

_____ _____

_____ _____

_____ _____

1. Is tenant living in Section 8 or HUD housing? ☐ YES ☐ NO
2. Current monthly rent (before any subsidy): _____
3. Tenant's rent responsibility: _____
4. If tenant is receiving another type of subsidy, please list _____
5. Does tenant receive a utility allowance? ☐ YES ☐ NO
6. Is heat included in the rent? ☐ YES ☐ NO Type of Heat _____
7. Is electric included in the rent? ☐ YES ☐ NO
8. Is this facility Sub Metered? ☐ YES ☐ NO
9. Is the Landlord related to the tenant? ☐ YES ☐ NO

   If yes, what is the relationship? _____

Landlord's Name: _____ Title: _____
(OWNER, RESIDENT MGR, RENTAL AGENT)

Phone Number: _____

Street Address: _____

City/State/Zip: _____

Apt. Name/Stamp: _____

Landlord's Signature: _____ Date: _____