



TOWN OF CONWAY

23 MAIN STREET • P.O. BOX 2680 • CONWAY, NEW HAMPSHIRE 03818

(603) 447-3811
WWW.CONWAYNH.ORG

Rental Verification Form

Date: _____

To Whom It May Concern:

Your tenant/prospective tenant has indicated that municipal welfare from the Town of Conway may be needed to pay for housing costs. Information on the attached rental verification form is used to determine eligibility. Please complete all sections and return it with a completed IRS form W-9 (www.irs.gov) to bjparker1@conwaynh.org. If that is not possible, you may deliver it in whatever way is convenient. After we determine if the applicant is eligible, a voucher may be issued on the tenant (s) behalf. To receive payment, you will need to sign the voucher and return it with supporting documentation such as a lease, rental agreement or receipt, if requested.

Payment is often mailed within 7 days as long as we receive and submit documents to the finance office by Friday of each week. There are times, however, when it can take up to two weeks. Payments are mailed on Thursdays unless you ask us to hold the check for pick up.

Questions about the W-9 tax form and/or payments you are waiting to receive should be directed to our finance department. Thank you in advance for working with our program.

Sincerely,

BJ Parker

General Assistance Officer



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RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE LANDLORD

Date: _____ Landlord Name: _____

Mailing address: _____

Phone: _____ Email Address: _____

Property Manager name and contact information: _____

Please list first and last names of all full-time members of the household including children:

Adults _____ # children under 18 _____ # Pets _____

Please describe rental property: Apartment House Mobile Home Campsite Motel/Hotel Condo
Boarding House In law apartment Shelter Camper Rented room in private home Other _____

Where is the rental property located? Own land Park Duplex Development Other _____

What is the physical address of the property? _____

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

Rent amount: _____ monthly weekly other _____

Is there a separate fee for lot rent? yes No If so, how much is the lot rent? _____

Rent Includes: No utilities All Utilities Water Heat Electric Plowing Trash Internet Cable
Other

Type of Heat: Electric Wood Oil Propane Pellet Stove

Number of Bedrooms: _____ Is there a lease? _____ Lease Term? _____

Please name the person (s) responsible for paying the rent? _____

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

Source of subsidy? _____ Does the tenant receive a utility allowance? yes No

If so, how much? \$ _____ Fuel assistance paid toward the rent? yes No

If so, how much? \$ _____ Date rent was last paid: _____ Amt Paid: \$ _____

Back rent owed: \$\$ _____ Has the tenant requested a payment arrangement? yes No

Please explain: _____

Has anyone else paid rent on behalf of tenant (s)? yes No If yes, who? _____

Is the tenant working off any portion of the rent? yes No

Please explain: _____

Is the tenant facing legal eviction? yes No Has a Demand for Rent been issued? yes No

Has a Notice to Quit been issued? yes No If so, for what reason (s): Non-payment of rent Lease violations

Other: _____

Are you willing to accept vouchers or other public guarantee of rent? yes No

If there is anything else that you think should be considered when making a determination of eligibility, please use this space to explain: _____

Questions? _____

****Please attach up to a year of payment history and the W-9 form***

Please read and sign the following statement if you agree:

Upon acceptance of a General Assistance voucher, I agree to stop eviction proceedings on this tenant immediately and will not serve eviction notices for non-payment of rent again during the period that the tenant is working with or receiving assistance from Town of Conway. I understand that the tenant and the Town of Conway are making every effort to find assistance on the rental arrearage through other agencies.

Signature and Title of Landlord, Manager or Official Date

Address Telephone / Fax number