

**CATHOLIC CHARITIES, INC.**  
**DELAWARE ENERGY ASSISTANCE PROGRAM**

406 S. BEDFORD ST., SUITE 9  
GEORGETOWN, DE 19901  
302-856-6310

2099 S. DUPONT HWY.  
DOVER, DE 19901  
302-674-1782

2601 W. 4<sup>TH</sup> ST.  
WILMINGTON, DE 19805  
302-654-9295

**LANDLORD VERIFICATION FORM**

The following applicant has applied for services and has provided authorization by signing this form to release information. They have further stated that they do not possess a formal or updated Lease Agreement. The Delaware Energy Assistance Program requires a copy of the lease as documentation for applicants who rent their homes. Please complete this form (use N/A if information is not applicable) and return to us immediately. Any delays will prevent the applicant from receiving assistance. If you have any questions regarding this form, please contact our office.

**APPLICANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_ **ZIP:** \_\_\_\_\_

Move-in Date: \_\_\_\_\_ How many people are in the Household? \_\_\_\_\_

**LIST NAMES OF ALL HOUSEHOLD MEMBERS AND RELATIONSHIP**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monthly Rental Amount: \_\_\_\_\_ Is Rent Subsidized by the Federal/State Government? Y/N \_\_\_\_  
(What client actually pays)

Does Tenant Pay for Heat? Y/N \_\_\_\_ Is Heat Included in Rent? Y/N \_\_\_\_

Unit Heated by: \_\_\_\_ Fuel Oil \_\_\_\_ Kerosene \_\_\_\_ Propane \_\_\_\_ Natural Gas \_\_\_\_ Electric \_\_\_\_ Wood \_\_\_\_\_ Other

Are Utility Bills in Tenant's name? Heating Y/N \_\_\_\_ Electric Y/N \_\_\_\_ (If No, a Vendor Declaration Form is required)

How many Rental Units are in the Building? \_\_\_\_\_

Is each Rental Unit individually heated with separate controls? Y/N \_\_\_\_

(If No, explain how heating costs are divided among Tenants): \_\_\_\_\_

Is the Tenant a Boarder who only pays Room Rent? Y/N \_\_\_\_ Amount Paid to Client: \$ \_\_\_\_\_

Are you Renting/Residing in a Family-Owned Home? Y/N \_\_\_\_

**I swear and attest that the above information is true and correct.**

\_\_\_\_\_  
Print Landlord/Owner Name

\_\_\_\_\_  
Landlord/Owner Address

\_\_\_\_\_  
Landlord/Owner Signature

\_\_\_\_\_  
Landlord/Owner Phone Number

\_\_\_\_\_  
Date Landlord/Owner Signing Form

\_\_\_\_\_  
Client Signature