



TOWN OF HILLSBOROUGH
 P.O. BOX 7
 HILLSBOROUGH, NH 03244
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 www.town.hillsborough.nh.us

WELFARE DEPARTMENT

PROPERTY OWNER VERIFICATION FORM

This form must be completed by the property owner or agent in its entirety or it will not be accepted as valid.

Name(s) on Lease: _____

All other household Members: _____

Address of Rental: _____

Rental Amount: \$ _____ Per: Month Week Bi-weekly Date Due: _____

Security Amount: \$ _____

Paid By: Check Cash Money Order Sec Dep Loan Program

Does tenant pay full amount of rent? Yes No (circle one) If NO, please specify:

Rental Subsidy from _____ for \$ _____ Tenant's Share: \$ _____

Date of Occupancy: _____ Date Rent Last Paid: _____ Amount Paid: \$ _____

Current Rent Due: \$ _____ Indicate any utilities included in rental amount

Past Rent Due: \$ _____ Heat Gas Electric Hot Water Only Water

Damage/Late/ Legal Fees: \$ _____ Unit Type:

Room Apt Home Other # of bedrooms: _____

Total Due: \$ _____ Is tenant currently under eviction? Yes No (circle one)

Number of Notices to Quit/Demands for Rent issued in the last 12 months: _____

Property Owner(s) Name: _____

Address: _____ Phone: _____

OR...If this property is managed by an authorized Business or Agency, please complete the following:

Business/Agency Name: _____

Address: _____ Phone: _____

Contact Name: _____ Fax: _____

Tax ID Number or Property Owner's Social Security Number must be supplied to the Municipality.
****YOU DO NOT HAVE TO GIVE YOUR TENANT THIS INFORMATION****
 Checks will be made payable to the person(s) as listed on line 1 of the W9; if checks are to be payable to a business/agency, complete line 2 of the W9 (leave line 1 blank). Checks will be mailed to the address entered on the W9.
****THIS FORM AND THE W9 MAY BE FAXED TO OUR OFFICE****

I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

Signature of Property Owner/Authorized Agent _____ Date _____ Phone _____

E-mail Address (Optional): _____