



Commonwealth of the Northern Mariana Islands
Department of Community and Cultural Affairs
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
Caller Box 10007, Saipan, MP 96950



RENTAL/LEASE VERIFICATION FORM

(This form is to be filled out only by the landlord)

This is to verify that _____ is residing at:
(tenant's name)

Street Address: _____ Apt. #: _____

Village, Island, Zip Code _____ - _____

The number of occupants in this residence is: _____

Names of ALL members of the family living in the unit:

Rental Payment Amount: \$_____ per month.

Please verify rental arrangement:

- ☐ Electric is included in rent, which is subsidized
- ☐ Electric is included in rent, which is not subsidized
- ☐ Water is included in rent, which is subsidized
- ☐ Water is included in rent, which is not subsidized
- ☐ Tenant pays separate charge for electric
- ☐ Tenant pays separate charge for water

Landlord's Information:

First Name: _____ Last Name: _____

Company Name: _____

Address: _____ Email Address: _____

City, State, Zip Code: _____ Phone Number: (670) _____

Landlord/Representative Signature

Date