



State of Utah  
Department of Workforce Services  
**LANDLORD STATEMENT**

**This form must be completed and signed by landlord (property owner) or the residence manager of applicant. Please note, to be eligible for HEAT assistance, clients whose rent is subsidized must pay energy costs directly to an energy supplier.**

Date: \_\_\_\_\_ Tenant name: \_\_\_\_\_

Tenant address: \_\_\_\_\_

Number of occupants residing in rental unit: \_\_\_\_\_

Are you related to the tenant? .....  Yes  No

Do the tenant and landlord reside at the same address? .....  Yes  No

This rental unit is a (check one):  
 House  Apartment  Duplex  Basement Apartment  
 Mobile Home  Small Trailer  Condo/townhouse

Primary heat source is (check one):  
 Gas  Electricity  Steam  Coal  
 Wood  Propane  Fuel Oil

Monthly rent due from tenant: \$ \_\_\_\_\_

Is the rent subsidized? .....  Yes  No

Does tenant work in exchange for part of the rent? ....  Yes  No If yes, how much? \$ \_\_\_\_\_

Which energy costs are included in rent? .....  Electricity  Gas/Propane/Other

Which energy costs are paid directly to energy supplier by client? .....  Electricity  Gas/Propane/Other  
(Recent utility bill must be provided)

**Please print and sign your name below. Include a phone number where you may be reached and attach a business card if possible.**

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Position/title: \_\_\_\_\_

Legal Name of landlord (Property Owner): \_\_\_\_\_

Landlord's address: \_\_\_\_\_

HEAT Office contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Equal Opportunity Employer Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.