

Town of Farmington  
Welfare Department  
356 Main Street Farmington, NH 03835  
603-755-3100 x 35 • 603-755-9934 FAX

## Rental/Residency Verification

**This form *must* be completed by the landlord/agent or owner only**  
*(Please complete the entire form and provide a copy of lease/rental agreement)*

Tenant's Name(s): _____		Date: _____	
Address: _____			
(Number/Street)		(Apt.#)	(City) (State)
Number of Household Members: _____ Names of All Household Members: _____			
_____			
Is this tenant related to Landlord/Owner? ____ If so, how? _____			
Occupancy date: _____		Lease exp. date: _____	Security Deposit: \$ _____
Date paid: _____			
Rent Amount: \$ _____; : Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> other _____		Last paid: _____	Back rent owed: \$ _____
Has Demand for Rent & Notice to Quit been issued? _____ When? _____			
(please attach rent record)			
If subsidized rent, please list tenant portion: \$ _____ If roommate situation, please list tenant portion: \$ _____			
Please check the appropriate items for the residence:			
Apt. <input type="checkbox"/> Single family residence: <input type="checkbox"/> Other _____; Furnished <input type="checkbox"/> Unfurnished <input type="checkbox"/> ; # Rooms: _____ # Bedrooms: _____			
Utilities: Type of Heat: _____			
Indicated which utilities are included in the rent, check to indicate inclusion:			
All utilities <input type="checkbox"/> Water <input type="checkbox"/> Electricity <input type="checkbox"/> Heat <input type="checkbox"/> Gas <input type="checkbox"/> Cable <input type="checkbox"/> Phone <input type="checkbox"/>			

Landlord/Owner's Name: \_\_\_\_\_ Agent/Manager's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Comments or Special Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE: LANDLORD/OWNER/AGENT DATE

**\*\*By signing this I hereby certify the information above is true and complete.**

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**TITLE XII  
PUBLIC SAFETY AND WELFARE  
Chapter 165  
Aid to Assisted Persons**

**Section 165:4-a**

**165:4-a Application of Rents Paid by the Municipality. – Whenever the owner of property rented to a person receiving assistance under this chapter is in arrears in sewer, water, electricity, or tax payments to the municipality, the municipality may apply, upon approval of the governing body, the assistance which the property owner would have received in payment of rent on behalf of such assisted person to the property owner's delinquent balances, regardless of whether such delinquent balances are in respect of property occupied by the assisted person. For purposes of this section, a payment shall be considered "in arrears" if more than 30 days have elapsed since the mailing of the bill, or in the case of real estate taxes, if interest has begun to accrue pursuant to RSA 76:13.**

**Source. 1992, 184:2, eff. July 11, 1992.**