



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/Water assistance, clients whose rent is subsidized must pay energy or water costs directly to an energy or water 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):	<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Duplex	<input type="checkbox"/> Basement Apartment
	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Small Trailer	<input type="checkbox"/> Condo/townhouse	
Primary heat source is (check one):	<input type="checkbox"/> Gas	<input type="checkbox"/> Electricity	<input type="checkbox"/> Steam	<input type="checkbox"/> Coal
	<input type="checkbox"/> Wood	<input type="checkbox"/> Propane	<input type="checkbox"/> 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? (Recent utility/water bills must be provided) ☐ Electricity ☐ Gas/Propane/Other

Is the water bill in the landlord's name? ☐ Yes ☐ No

Are water costs included in the rent? ☐ Yes ☐ No If yes, how much? \$_____

Will the amount of water costs be deducted from the rent amount? ☐ Yes ☐ No

To qualify for water assistance, the landlord must verify that the amount paid to the water company on behalf of the customer will be deducted from their rent amount for that month. The landlord's signature below will satisfy this requirement.

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 (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.