



61 Locust Street, Suite 334
 Dover, New Hampshire 03820-3704
 (603) 516-6500
 Fax: (603) 516-6508

d.balian@dover.nh.gov or s.gaston@dover.nh.gov or j.carnes@dover.nh.gov

City of Dover, New Hampshire
PUBLIC WELFARE DEPARTMENT
RENTAL VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY THE OWNER OR AUTHORIZED AGENT ONLY:

This is for information only and does not constitute agreement for payment.

Tenant's Name: _____ Date: _____

Address: _____
 (Number/Street) (Apt. #) (City) (State)

List of Household Members: _____

of Bedrooms: _____

Occupancy date: _____ Security Deposit: Amount: \$ _____ Date paid: _____

Rent amount: \$ _____; paid monthly weekly other _____

IF TENANT IS APPLYING FOR 1ST MONTH'S RENT, HAS CURRENT FINANCIAL ABILITY TO MAINTAIN PROPOSED RENT BEEN VERIFIED? Yes No

If subsidized rent, please list tenant portion: \$ _____

Rent Includes: All utilities No Utilities Hot Water Heat Electric

Type of Heat: Electric Oil Gas Other _____

Date last rent was paid: _____ Amount Paid: \$ _____ Rent owed to date: \$ _____
(If back rent is owed, please attach accounting of months and amounts)

For IRS reporting, landlord's Tax ID or Social Security # must be provided:

Tax ID #: _____ OR Social Security #: _____

CHECK IS TO BE MADE PAYABLE TO: (Please Print) (*This should be the same as the W-9*)

Property Owner _____ Agent's Name _____

Full Address of Property Owner _____

Telephone # _____ Fax # _____ Email: _____

Signature of Agent _____ Agent's Phone # _____

Signature of Property Owner _____ Date _____