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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.

All Lessee Names: _____ **Date:** _____

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

List of Household Members/tenants : _____

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** _____