This form must be completed and signed by the landlord (property owner) or the residence manager of applicant.				
Date: Tenant name:				
Tenant address:				
Legal name of the landlor	d:			
Are you related to the ten	ant? □Yes □No Do	the tenant and landlord re	side at the same address?	□Yes □No
This rental unit is a (check one):	□House	Apartment	□Duplex	□ Basement apartment
	□ Mobile home	□ Small trailer	□Room	□ Condo/townhouse
This rental unit is heated by (check one):	□Gas	□ Electricity	□ Steam	□Coal
	□Wood	□ Propane	□ Fuel oil	
Monthly rent the tenant is responsible for: \$ Is the rent subsidized?				
Does the tenant work for part of the rent? Yes No If yes, how much?				
Number of occupants residing in the rental unit:				
Is either the gas or electricity in the tenant's name? \Box Yes \Box No \Box If yes, which type of energy: \Box Gas \Box Electricity				
Please check one of the following:				
1. \Box A portion of the rent paid by the tenant is used to pay the cost of gas, electricity, or both.				
 The above named tenant receives a utility allowance and the utility allowance is specifically identified in the tenant's lease. 				
3. 🗆 The utilities are in the landlord's name, however, the tenant is responsible to pay the utility bills.				
The reason the utilities are in the landlord's name is (check one):				
□ a. A city utility company requires the landlord to list utilities in the landlord's name.				
☐ b. Tenants could not establish service in their name due to past-due bill, deposits not paid, etc.				
\Box c. I prefer to know how large the bill is and that the bill is getting paid.				
□ d. Other reason:				
4.				
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:	e: Position/title:			
Landlord's address:				
Contact the local HEAT Office with questions:			Phone:	

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.