

**TOWN OF MILTON**

424 WHITE MTN HWY, PO BOX 310
MILTON, NH 03851
(603) 652-4501 EXT. fax:(603) 652-4120
welfare@miltonnh-us.com

WELFARE DEPARTMENT**PROPERTY OWNER VERIFICATION FORM**

This form must be completed by the property owner or agent in its entirety or it will not be accepted as valid.

Name(s) on Lease: _____

All other household Members: _____

Address of Rental: _____

Rental Amount: \$ _____ Per: ☐ Month ☐ Week ☐ Bi-Weekly Date Due: _____

Security Amount: \$ _____

Paid By: ☐ Check ☐ Cash ☐ Money Order ☐ Sec Dep Loan Program

Does tenant pay full amount of rent? Yes ☐ No ☐ (circle one) If NO, please specify:

Rental Subsidy from _____ for \$ _____ Tenant's Share: \$ _____

Date of Occupancy: _____ Date Rent Last Paid: _____ Amount Paid: \$ _____

Current Rent Due: \$ _____ Indicate any utilities included in rental amount

Past Rent Due: \$ _____ ☐ Heat ☐ Gas ☐ Electric ☐ Hot Water Only ☐ Water

Damage/Late/
Legal Fees: \$ _____ Unit Type:
☐ Room ☐ Apt ☐ Home ☐ Other # of bedrooms: _____

Total Due: \$ _____ Is tenant currently under eviction? Yes ☐ No ☐ (circle one)

Number of Notices to Quit/Demands for Rent issued in the last 12 months: _____

Property Owner(s) Name: _____

Address: _____ Phone: _____

OR... If this property is managed by an authorized Business or Agency,
please complete the following:

Business/Agency Name: _____

Address: _____ Phone: _____

Contact Name: _____ Fax: _____

Tax ID Number or Property Owner's Social Security Number must be supplied to the Municipality.

****YOU DO NOT HAVE TO GIVE YOUR TENANT THIS INFORMATION****

Checks will be made payable to the person(s) as listed on line 1 of the W9; if checks are to be payable to a business/agency, complete line 2 of the W9 (leave line 1 blank). Checks will be mailed to the address entered on the W9.

****THIS FORM AND THE W9 MAY BE FAXED TO OUR OFFICE****

I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

Signature of Property Owner/Authorized Agent _____ Date _____ Phone _____

E-mail Address (Optional): _____