

**PAIUTE INDIAN TRIBE OF UTAH**  
**440 NORTH PAIUTE DRIVE, CEDAR CITY, UT 84721**  
**435-586-1112 EXT. 3351    FAX: 435-238-4261**

**LANDLORD STATEMENT**

**THIS FORM MUST BE COMPLETED BY LANDLORD OR MANAGER**

1. Name of Tenant: \_\_\_\_\_ has applied to the Low Income Home Energy Assistance Program (LIHEAP) with the Paiute Indian Tribe of Utah for assistance in paying his/her home heating costs. The applicant has informed us that you own/manage the apartment/house which he/she currently rents at this address:

\_\_\_\_\_

2. Has the tenant been at this address 30 days or more?    YES    NO    Date tenant moved in \_\_\_\_\_

a. Is the rent split between 2 or more tenants?    YES    NO

b. If so, how is it dividend? \_\_\_\_\_

3. Does anyone subsidize the rent (Paiute Housing Authority, Family, Church, etc.)? YES    NO

4. Does the tenant work off any portion of the rent?    YES    NO

5. Utilities the tenants pays: (circle) Electricity, Natural Gas, Propane, Fuel Oil, Coal, Wood, Other \_\_\_\_\_

6. Are the utilities shared:    YES    NO    BY WHOM? \_\_\_\_\_

7. How is apartment/home heated? (circle) Electricity, Natural Gas, Propane, Fuel Oil, Coal, Wood, Other \_\_\_\_\_

8. If the cost of the utilities were to increase, would the rent be raised accordingly?    YES    NO

9. What type of utilities are included in the rent? \_\_\_\_\_

How much is the utility? \_\_\_\_\_ How much is the rent? \_\_\_\_\_

10. Please list all adults over age 18 living in the apartment/home:

\_\_\_\_\_  
\_\_\_\_\_

11. Please list all the children living in the apartment/home:

\_\_\_\_\_  
\_\_\_\_\_

12. Comments if none of the above situation apply:

\_\_\_\_\_  
\_\_\_\_\_

LANDLORD SIGNATURE, ADDRESS AND TELEPHONE NUMBER WHERE YOU MAY BE REACHED

\_\_\_\_\_  
Landlord Name/Title

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Date

**ARE YOU RELATED TO THE TENANT?    YES    NO**