



WCAC
BREAKING THE CYCLE OF POVERTY ONE NEIGHBOR AT A TIME

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TENANT / LANDLORD FORM
(To be mailed to and completed by Landlord)

Tenant's Name: _____
Tenant's Address: _____
City/Town, ZIP: _____ / _____
LIHEAP Application Number: _____

1) Date tenant moved in: _____
2) Total number of people in apt: _____
3) Names of the individuals living with the tenant listed above: _____

4) Number of bedrooms in unit: Studio 1 2 3 4 Other (specify) _____

5) How many units are in the building? _____

6) How is the building heated?
 Oil Gas Electricity Other (specify) _____

7) Does each unit have separate meter or furnace? Yes No

8) Rent amount: _____ per Month/Week (circle one)

9) Utilities (if any) included in rent: Heat Gas Electricity Hot Water

10) Is the rent subsidized? Yes No Tenant's Portion: _____
If yes, what type of subsidy (refer to lease)? _____

11) Is this a tax credit unit? Yes No
If yes, what is the monthly rent for a similar non-tax credit unit? \$ _____

12) Is tenant behind in rent? Yes No
If yes, amount tenant owes in back rent: \$ _____
For which months? _____ to _____

Landlord's Name: _____

Landlord's Address: _____
(Street address, floor and apartment number. Not P.O. Box, whenever possible.)

Landlord's Telephone #: _____

Landlord's Signature: _____ Date: _____

Please return this form directly to Worcester Community Action Council. Thank you.