## OFFICE OF SELECTMEN CENTER HARBOR, NEW HAMPSHIRE

03226
POST OFFICE BOX 140
603-253-4561
FAX 603-253-8420
selectmen@centerharbornh.gov

## RENTAL VERIFICATION FORM (This form must be completed by the landlord)

Tenant's Name:	·	Dat	te:
Address:(Number/Stre	eet) (Apt. #	(City/Town	n) (State)
Number of Household Mem List of Household Members	bers:		
Occupancy date: Rent amount: \$	paid monthly t tenant portion: \$ utilities No utilitie ctric Oil GasAmount paid , please attach accoun	weeklyo s Hot Water Other: l: \$Back re ating of months an	other Heat Electric nt owed: \$ d amounts) MUST BE PROVIDED:
CHECK IS TO BE MADE			
Landlord's name		Telephone	/Fax numbers
Landlord address			
Name of Manager or other	Representative		
Landlord Signature	·····	Date	