



567 W. Lake Street, Suite
1200 Chicago, Illinois 60661

Intake Site:

Date:

App ID:

RENT AMOUNT VERIFICATION

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Low-Income Home Energy Assistance Program

Applicant's Name:

Address:

Phone Number:

Landlord/Manager's Name:

Address:

Phone Number:

Household's 30-Day Income:

Is heat utility included in the rent?

Yes

☐

No

☐

Household's Rent Amount:

Customer is NOT Eligible for Cash Assistance

Landlord/Manager's Signature:

Date:

Please Mail or Deliver to:

By Date:

LAA VERIFICATION (if applicable)

LAA Verified Signature:

Date Landlord/Manager Contacted (If Needed):