



CITY OF AUGUSTA  
GENERAL ASSISTANCE  
16 CONY STREET  
AUGUSTA, ME 04330  
PH: 207-626-2325 FAX: 207-620-8153

**LANDLORD VERIFICATION OF RENTAL UNIT**  
TO BE COMPLETED BY LANDLORD OR RENTAL MANAGER

Tenant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address of dwelling: \_\_\_\_\_ Apartment/Room Number: \_\_\_\_\_

This is an: APARTMENT HOUSE | SINGLE HOUSE | DUPLEX | MOBILE HOME | ROOM With \_\_\_\_\_ # Bedrooms

Amount of Rent Weekly: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_

Is rent current at this time? YES | NO If No, what is the Amount Owed? \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_ Name(s) \_\_\_\_\_

**UTILITIES INCLUDED IN THE MONTHLY RENT PRICE:**

HEAT | ELECTRIC | GAS | HOT WATER (electric, gas, oil?)

Kitchen Facilities Private: YES | NO Bathroom Facilities Private: YES | NO

Does apartment have stove & refrigerator: YES | NO Type of cooking unit: GAS | ELECTRIC

Furnished: YES | NO If so please list what is included: \_\_\_\_\_

**LEASE & DEPOSIT AGREEMENTS:**

Date available for occupancy: \_\_\_\_\_ Date rent to start: \_\_\_\_\_

Is lease required: YES | NO Length of lease: \_\_\_\_\_

Is security deposit required? YES | NO Security deposit amount: \$ \_\_\_\_\_

Date Security Deposit is due: \_\_\_\_\_ Can this be made in monthly installments? YES | NO

Is the security deposit being paid by someone other than the tenant? YES | NO Who: \_\_\_\_\_

LEGAL OWNER OF PROPERTY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

AGENT OR MANAGER FOR THE OWNER: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

Is the tenant(s) a relative of the OWNER OR AGENT? YES | NO If yes, state relationship \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

THIS PORTION IS TO BE COMPLETED ONLY IF THE TENANT IS RESPONSIBLE FOR HEAT

Type of fuel: OIL | KEROSENE | GAS | FUEL OIL | WOOD Does Tenant have access to the tank? \_\_\_\_\_  
Storage tank holds \_\_\_\_\_ gallons. Location of tank \_\_\_\_\_  
Is storage tank labeled for the apartment it serves? \_\_\_\_\_ Amount of fuel left in tank from previous occupant? \_\_\_\_\_  
Heating System: HOT AIR FURNACE | HOT WATER SYSTEM | HOT WATER BASEBOARD

### LANDLORD AGREEMENT

I, \_\_\_\_\_(landlord), agree to accept the General Assistance (GA) rate of a maximum of \$\_\_\_\_\_ a week or \$\_\_\_\_\_ a month as rent payment for \_\_\_\_\_(tenant), a household of \_\_\_\_\_.

I understand that any landlord wishing to receive rental payments from the City of Augusta on behalf of any applicant must comply with all state and local licensing, health and land use codes. The City reserves the right to inspect my rental unit whenever an applicant applies for assistance with that rent. These inspections are to determine whether that unit complies with the City's housing, health and land use codes. The Administrator is authorized to promulgate policies detailing such inspection requirements. The City requires that an inspection be completed before authorizing rent for applicants in order to ensure that decent and safe housing is being provided. When this form is returned, a City Code Enforcement Officer and Health Officer will be notified to determine if the unit needs to be inspected prior to making rental payments.

I understand that General Assistance payments cannot be applied to any prior balance due for a tenant's security deposit. GA will pay only the current rent due; if a tenant owes past due rent, I may make arrangements with the tenant for reimbursement only after GA rent payments have stopped. By accepting a GA payment, I agree that I will not evict the tenant because of past due rent any time during which their current rental cost has been covered by General Assistance.

I agree to accept the General Assistance rate and not charge the tenant additional rent for the duration that GA pays full or partial rent except where previously agreed upon in writing between the landlord and tenant. GA may expect tenant to pay a portion of the rent; if so, this will reduce the amount that GA pays toward the agreed-upon rent.

I understand that GA rent payments are made by voucher, on a weekly basis, unless another payment arrangement has been agreed upon between GA and myself.

I have read this document, or it has been read to me, and I fully understand it. I herby confirm that the facts in this document are true and complete.

**NOTICE: In accordance with Maine Law (17 MRSA Section 453) any persons found guilty of providing false information may be prosecuted for committing a Class D crime.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Agreement not valid without signature)