**CITY OF BANGOR**

**HEALTH & COMMUNITY SERVICES – GENERAL ASSISTANCE**

**103 TEXAS AVENUE, BANGOR, MAINE 04401 (207) 992-4530**

**RENTAL INFORMATION/AGREEMENT**

**\*\*Please Note\*\* For property owners who are not established as a vendor with the City of Bangor you must read, complete and return this form with a W-9 Request for Taxpayer Identification Number Form (which can be found at IRS.gov) to the City of Bangor’s Health & Community Services Department in order to receive payment.**

**The process for payment each month is as follows:** If your tenant is eligible for General Assistance (GA), the property owner or property owner’s designee will receive a rent voucher from the tenant. Return the signed rent voucher to the Health & Community Services Department and a check will be mailed by the City Treasurer in approximately two to three weeks. Please note that rent vouchers may not be used for security deposits and the City reserves the right to inspect any rental unit whenever an applicant applies for assistance. These inspections are to determine whether the unit complies with the City’s housing and land use codes.

**Please print clearly-**

Tenant name(s) (GA Participant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children/Dependents/Partner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Rental Property:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit #:\_\_\_\_\_\_\_\_

Tax Map/Lot:\_\_\_\_\_/\_\_\_\_\_ Zoning District:\_\_\_\_\_\_\_\_\_\_

Number of bedrooms in this unit:\_\_\_\_\_\_\_\_\_\_ Number of rooms in this unit (excluding bathrooms):\_\_\_\_\_\_\_\_\_\_

Total rent for this unit:\_\_\_\_\_\_\_\_\_\_

Total number of tenants residing in this unit (including children):\_\_\_\_\_\_\_\_\_\_

Property Owner (Individual, Business, LLC, Realty Trust, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Manager or Property Owner’s Designee Name and Telephone number(s) if different from the owner:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the property manager authorized to sign future rent vouchers in regard to this tenant? \_\_\_ Yes \_\_\_ No

Mailing Address for Checks:

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

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**We appreciate your cooperation and patience throughout this process. Please keep in mind that this form must be fully and accurately completed. Submitting incomplete or inaccurate forms may prolong the payment process. By signing this form, you are certifying that the information provided is correct and that you agree to update it when changes occur. Providing false or misleading information may result in criminal prosecution.**

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

Owner’s/Authorized Signature Date

**Please return all forms and the signed rent voucher(s) to the Health & Community Services Dept., 103 Texas Ave, Bangor, ME 04401**