**LIHEAP LANDLORD/TENANT ENERGY ASSISTANCE AGREEMENT**

This form is to be used if a LIHEAP client’s energy bill is included in the cost of rent paid to their landlord.

Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rental Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Monthly Rent: $\_\_\_\_\_\_\_\_\_ Monthly Energy Costs: $\_\_\_\_\_\_\_\_\_

Energy Bill Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Please include a copy of the energy bill)**

**Landlord Certification**

I agree to reduce the tenant’s rent to the amount that excludes the energy cost, until the approved benefit is depleted. Once the approved benefit amount is depleted, the tenant’s regular rental amount that includes the energy cost will be reinstated. If for any reason the tenant moves or is evicted before the funds are depleted, the remaining portion will be returned to the Local LIHEAP Administrating Agency.

Landlord’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_