



**TOWN OF MILTON**  
 424 WHITE MTN HWY, PO BOX 310  
 MILTON, NH 03851  
 (603) 652-4501 EXT. fax:(603) 652-4120  
 welfare@miltonnh-us.com

WELFARE DEPARTMENT

PROPERTY OWNER VERIFICATION FORM

*This form must be completed by the property owner or agent in its entirety or it will not be accepted as valid.*

Name(s) on Lease: \_\_\_\_\_

All other household Members: \_\_\_\_\_

Address of Rental: \_\_\_\_\_

Rental Amount: \$ \_\_\_\_\_ Per:  Month  Week  Bi-Weekly Date Due: \_\_\_\_\_

Security Amount: \$ \_\_\_\_\_

Paid By:  Check  Cash  Money Order  Sec Dep Loan Program

Does tenant pay full amount of rent? Yes  No  (circle one) If NO, please specify:

Rental Subsidy from \_\_\_\_\_ for \$ \_\_\_\_\_ Tenant's Share: \$ \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_ Date Rent Last Paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Current Rent Due: \$ \_\_\_\_\_ Indicate any utilities included in rental amount

Past Rent Due: \$ \_\_\_\_\_  Heat  Gas  Electric  Hot Water Only  Water

Damage/Late/Legal Fees: \$ \_\_\_\_\_ Unit Type:

Room  Apt  Home  Other # of bedrooms: \_\_\_\_\_

Total Due: \$ \_\_\_\_\_ Is tenant currently under eviction? Yes  No  (circle one)

Number of Notices to Quit/Demands for Rent issued in the last 12 months: \_\_\_\_\_

Property Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

OR... If this property is managed by an authorized Business or Agency, please complete the following:

Business/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax ID Number or Property Owner's Social Security Number must be supplied to the Municipality.  
**\*\*YOU DO NOT HAVE TO GIVE YOUR TENANT THIS INFORMATION\*\***  
 Checks will be made payable to the person(s) as listed on line 1 of the W9; if checks are to be payable to a business/agency, complete line 2 of the W9 (leave line 1 blank). Checks will be mailed to the address entered on the W9.  
**\*\*THIS FORM AND THE W9 MAY BE FAXED TO OUR OFFICE\*\***

I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

Signature of Property Owner/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address (Optional): \_\_\_\_\_