

2018 UTILITY REBATE PROGRAM RESIDENCY VERIFICATION FORM



To be filled out by Property Manager

Apartment / Mobile Home Park:

Name _____

Address _____

Applicant Name(s) on Lease:

Name(s) _____ Unit # _____

The undersigned certifies, subject to the penalties of perjury, that:

1. The Applicant(s) listed above has/have THE RENTAL AGREEMENT OR LEASE IN THEIR NAME(S) at the address and unit number indicated above.
2. The Applicant(s) has/have lived at the property above for _____ month(s) during the months of May 1, 2017-April 30, 2018.

Property Management or Owner:

(Photocopied signatures will not be accepted.)

Print Name: _____

Signature: _____

Office Phone Number: _____