



**TOWN OF ENFIELD
HUMAN SERVICES OFFICE
P.O. Box 373
Enfield, NH 03748**

**RENTAL REQUEST
TO BE COMPLETED BY OWNER OR AUTHORIZED AGENT**

OWNER'S Social Security Number _____ or I.R.S. Number _____

OWNER'S Name _____ AGENT'S Name _____

Address _____ Address _____

Phone _____ Phone _____

Name & Address to which check should be mailed: _____

Is Owner current with Property Taxes? Yes/No Water/Sewer? Yes/No

Comments: _____

Renter's Name _____ Number of People _____

Rental Address _____ Apt. No. _____

Rental Amount: ☐ Weekly ☐ Bi-Monthly ☐ Monthly Amount \$

Time period for which rent was last paid: From _____ To _____

Date Client moved in _____ Date Rent Due _____

Please check appropriate space(s) for above referenced dwelling:

☐ Room ☐ Apartment ☐ Single-Family Dwelling Number of rooms _____

Appliances Included: ☐ Stove ☐ Refrigerator

Utilities Included: ☐ Electricity ☐ Gas ☐ Heat ☐ None

COMMENTS: _____

Signature of Owner or Agent

Date

Signature of Renter

Date

PAYMENTS WILL BE MADE DIRECTLY TO LANDLORD. THIS IS NOT AN AUTHORIZATION FOR PAYMENT. FAILURE TO NOTIFY THE HUMAN SERVICES OFFICIAL WITHIN 72 HOURS OF A CHANGE OF HOUSEHOLD SIZE COULD JEOPARDIZE PAYMENTS OF RENT.