



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

SHARED LIVING / SEPARATE ECONOMIC UNIT QUESTIONNAIRE

Please complete this form if the Applicant shares an apartment or house with another individual(s). Each Applicant household must complete this form before the application can be processed:

Application #: \_\_\_\_\_ Date: \_\_\_\_\_
Applicant Name: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_
Landlord's Phone #: \_\_\_\_\_
Landlord's Address: \_\_\_\_\_
Date you moved to this address: \_\_\_\_\_
How many individuals live in the apartment/house? \_\_\_\_\_
Names: \_\_\_\_\_

Income

Do you have your own income? [ ] Yes [ ] No
If yes, explain what kind of income: \_\_\_\_\_
What type of income do the other individuals have? \_\_\_\_\_

Expenses

Who is responsible for the expenses of the apartment/house? \_\_\_\_\_
Whose name appears on the mortgage, lease, heating bill, electric bill, gas bill, telephone bill? \_\_\_\_\_

Please check off appropriate spaces for expenses you are responsible for and provide canceled checks and/or money orders for the past three months:

[ ] Rent [ ] Gas [ ] Electric [ ] Telephone [ ] Cable

Other (please specify): \_\_\_\_\_

Within the last year, have any of the other individuals living in the apartment/house helped you in any way with these expenses? \_\_\_\_\_

Living Arrangements/Division of Space

Are you related to any of the individual(s)? \_\_\_\_\_

If yes, what is the relationship? \_\_\_\_\_

Does everyone have access to common living space? \_\_\_\_\_

How many bedrooms in the apartment/house? \_\_\_\_\_

(Please provide lease, rental information form, or assessor's report)

Do individuals purchase food or other personal items separately? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_