

**Town of Burrillville Housing Rehabilitation Loan Program**  
Request for Verification of Land Rent/Ground Lease

The Applicant(s) below has applied for a residential rehabilitation loan through the Town of Burrillville Housing Rehabilitation Loan Program. The Applicant(s) has signed below authorizing the release of any and all information, verification and documentation requested by the Town. Please complete this form as soon as possible and return it in the enclosed envelope.

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

Applicant(s): \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number(s): \_\_\_\_\_

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**Send To:** Town of Burrillville Planning Department  
144 Harrisville Main Street  
Harrisville, RI 02830

**Authorization:**

I/We authorize the Town to release the information requested regarding my/our land rent/ground lease payments.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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**To be completed by agency:**

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

What is the monthly land rent/ground lease payment? \_\_\_\_\_

Are the land rent/ground lease payments current? \_\_\_ Yes \_\_\_ No

If not, how far in arrears? \_\_\_ Month(s) \_\_\_ Amount

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

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

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**Telephone Revivification (if necessary)**

Date: \_\_\_\_\_ Are the land rent/ground lease payments Current? Yes \_\_\_ No \_\_\_

If not, how far in arrears? \_\_\_ Month(s) \_\_\_ Amount

Person spoken to: \_\_\_\_\_

Revivification done by: \_\_\_\_\_

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Town of Burrillville Planning Department  
144 Harrisville Main Street  
Harrisville, RI 02830  
(401) 568-4300 ext. 130, 131