

# FALL RIVER HOUSING AUTHORITY

LEASED HOUSING DEPARTMENT  
P.O. BOX 989  
FALL RIVER, MASSACHUSETTS 02722

TELEPHONE (508) 675-3595  
FAX (508) 675-3435

## UTILITIES CHANGE FORM

**I AGREE TO CHANGE THE PRESENT AGREEMENT I HAVE WITH MY TENANT:**

LANDLORD NAME: \_\_\_\_\_

TENANT NAME: \_\_\_\_\_

TENANT ADDRESS: \_\_\_\_\_

**The LANDLORD will pay for the following utilities:**

HEAT \_\_\_\_\_ GAS \_\_\_\_\_ OIL \_\_\_\_\_ ELECTRIC \_\_\_\_\_  
ELECTRIC \_\_\_\_\_  
COOKING \_\_\_\_\_ GAS \_\_\_\_\_ ELECTRIC \_\_\_\_\_  
HOT WATER HEAT \_\_\_\_\_ GAS \_\_\_\_\_ OIL \_\_\_\_\_ ELECTRIC \_\_\_\_\_

**The TENANT will pay for the following utilities:**

HEAT \_\_\_\_\_ GAS \_\_\_\_\_ OIL \_\_\_\_\_ ELECTRIC \_\_\_\_\_  
ELECTRIC \_\_\_\_\_  
COOKING \_\_\_\_\_ GAS \_\_\_\_\_ ELECTRIC \_\_\_\_\_  
HOT WATER HEAT \_\_\_\_\_ GAS \_\_\_\_\_ OIL \_\_\_\_\_ ELECTRIC \_\_\_\_\_

THE EFFECTIVE DATE FOR THIS CHANGE WILL BE: \_\_\_\_\_  
(30 Day-Notice Required)

\_\_\_\_\_  
LANDLORD SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TENANT SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE SUPPLY A NEW LEASE.**

**A NEW LEASE WILL HAVE TO IMPLEMENTED WITH THIS EFFECTIVE DATE AND A NEW HAP CONTRACT WILL HAVE TO BE SIGNED BY THE LANDLORD. RENT WILL CHANGE ACCORDINGLY.**