

RENT FORM

****THE PROPERTY OWNER OR CARE TAKER MUST COMPLETE THIS FORM IN ITS ENTIRETY, AS WELL AS SIGN & DATE IT****

CLIENT NAME: _____

ADDRESS: _____

RENT FOR THE UNIT: PER MONTH _____ PER WEEK _____

DEPOSIT REQUIRED: _____

IF SECTION 8 OR SUBSIDIZED, LIST THE AMOUNT THAT THE TENANT PAYS _____

FIRST DATE OF OCCUPANCY: _____ NUMBER OF OCCUPANTS: _____ NUMBER OF BEDROOMS: _____

AMT. OWING: _____

WHAT MONTHS ARE OWING: _____

WHICH UTILITY SOURCES ARE INCLUDED IN THE RENT (CHECK ALL THAT APPLY):

- ELECTRIC
- HEAT (STATE THE SOURCE...i.e. electric, fuel oil, propane, natural gas, steam)
- WATER/SEWER/GARBAGE

IS TENANT REQUIRED TO PUT THE UTILITIES IN THEIR NAME? Yes / No (CIRCLE)

NOTE: IF THE CARETAKER COMPLETES THIS FORM, THE PROPERTY OWNER SECTION MUST ALSO BE COMPLETED IN FULL:

CARETAKER NAME: _____

ADDRESS: _____ City _____

ZIP CODE: _____ PHONE: _____

FAX: _____ EMAIL: _____

PROPERTY OWNER: NAME: _____

ADDRESS: _____ City _____

ZIP CODE: _____ PHONE : _____

FAX: _____ EMAIL: _____

MAIL NAME: _____

PAYMENT ADDRESS: _____ City _____

TO: ZIP CODE: _____ PHONE : _____

FAX: _____ EMAIL: _____

Federal I.D. # or Social Security Number: _____

SIGNATURE OF PROPERTY OWNER OR CARETAKER DATE