

To Be Completed by Owner, Manager, or Caretaker Only

(Complete all appropriate information and mail or fax to agency address/fax number on first page.)

Note: Completing this form does not guarantee rent payment.

TENANT NAME	PHONE
-------------	-------

STREET ADDRESS	STATE	ZIP CODE
----------------	-------	----------

Rental Information

Date moved in _____ Number of adults in unit _____ Number of children in unit _____

Total rent for unit \$ _____ Damage deposit \$ _____ Paid Not paid

Amount of rent **paid by tenant** \$ _____ per Week Month Other Effective date _____

Is any portion of the rent **paid by rental subsidy**? Yes No

If yes, is the subsidy from Public Housing, HUD project properties or Section 8? Yes No Amount \$ _____

Is any portion of the rent **paid by GRH**? Yes No

Check (x) which utilities the **tenant** is responsible to pay:

Gas Electricity Garbage removal Water and sewer Air conditioning Garage/plug-in

Is Garage or plug-in optional? Yes No Amount \$ _____

Other _____

None

MANAGEMENT COMPANY [whose checks should be made to]	DAYTIME PHONE NUMBER			
STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
NAME OF OWNER/MANAGER/CARETAKER COMPLETING FORM (Please print)	TITLE		PHONE NUMBER	

I hereby certify that the information above is complete, true and correct.

SIGNATURE OF OWNER/MANAGER/CARETAKER COMPLETING FORM	DATE
--	------