



Rent Report

Renters Name(s)	_____		
	First name(s) - Last name(s)		
Residential Address/ Legal Land Description	_____		
	Complete Street Address (including suite number if applicable)		
	_____	_____	_____
	City/Town/Municipality		Postal Code

Renter(s) named above is/are renting on the following basis:

<p>1. Renter Pays:</p> <p><input type="checkbox"/> Monthly Amount _____</p> <p><input type="checkbox"/> Weekly \$: _____</p> <p>Effective Date: _____</p> <p style="text-align: center;">YYYY/MM/DD</p> <p>Is there rent owing?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, amount:</p> <p>\$: _____</p> <p>For what period of time?</p> <p>_____</p>	<p>2. Are Utilities Included in Rent?</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Heat</p> <p><input type="checkbox"/> <input type="checkbox"/> Power</p> <p><input type="checkbox"/> <input type="checkbox"/> Water</p>	<p>3. Type of Rental Unit (choose one):</p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Apartment</p> <p><input type="checkbox"/> Mobile Home</p> <p><input type="checkbox"/> Townhouse</p> <p><input type="checkbox"/> Lot Rental Only</p> <p><input type="checkbox"/> Room & Board</p> <p><input type="checkbox"/> Room Only</p> <p><input type="checkbox"/> Self-contained suite (separate kitchen/bath in house)</p> <p><input type="checkbox"/> Other Specify: _____</p>
<p>4. Is Rent Shared?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, total rent for unit:</p> <p>\$: _____</p>	<p>5. How Many Adults Live in the Unit?</p> <p>_____</p> <p>How many children? # of bedrooms?</p>	<p>6. Is a Damage Deposit Required?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, amount:</p> <p>\$: _____</p> <p><i>If a damage deposit is required it is the responsibility of the renter.</i></p>

Landlord's Information (may include Property Manager/Home Owner):

Landlord Name <i>(please print)</i>	_____	Phone Number	(_____) _____ - _____
	First name - Last name		
Are you related to the renter/boarder?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, relationship: _____		
Address	_____	_____	_____
	Complete Street Address (including suite number if applicable)		City/Town/Municipality Postal Code
Mailing Address <i>(if different from above)</i>	_____	_____	_____
	Complete Street Address (including suite number if applicable)		City/Town/Municipality Postal Code

Signature

Date Completed (YYYY/MM/DD)

Please See the Reverse for More Important Information