

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

Room and Board

Amount of room and board paid by tenant? \$ _____ Per Week Month Effective date _____

Meals included in room and board? Breakfast Lunch Dinner No meals included

Caretaking or Other Tenant Responsibilities

Is the rent or room and board reduced by caretaking or other such tenant responsibilities? Yes No

If yes, does the tenant receive a paycheck with an amount for rent or room and board deducted? Yes No

If the tenant does not receive a paycheck with an amount for rent or room and board deducted, does the tenant have a choice of receiving cash instead of a reduction on rent or room and board? Yes No

Amount of room and board paid by tenant? \$ _____ Per Week Month Effective date _____

Owner Data

OWNER/MANAGER/CARETAKER NAME (Please print)	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
--	------