

# Rent Report

<b>Renters Name(s)</b>	_____		
	First name(s) - Last name(s)		
<b>Residential Address/ Legal Land Description</b>	_____		
	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><b>1. Renter Pays:</b></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><b>2. Are Utilities Included in Rent?</b></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><b>3. Type of Rental Unit</b> (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 &amp; 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><b>4. Is Rent Shared?</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If YES, total rent for unit:</p> <p>\$: _____</p>	<p><b>5. How Many Adults Live in the Unit?</b></p> <p>_____ # of bedrooms?</p> <p>How many children?    _____</p>	<p><b>6. Is a Damage Deposit Required?</b></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):**

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