

NAME: _____ DOCKET #: _____

PROPERTY ADDRESS: _____

HOMEOWNER'S INSURANCE? YES NO

TOTAL # of UNITS: _____ NUMBER OF UNITS OCCUPIED: _____

TENANTS

TENANT # ____
NAME: _____

TENANT # ____
NAME: _____

UNIT: _____

UNIT: _____

RENTAL RATE: _____

RENTAL RATE: _____

RENTAL ASSISTANCE? YES NO
Social Service Voucher?
Section 8?

RENTAL ASSISTANCE? YES NO
Social Service Voucher?
Section 8?

AMOUNT OF RENT PAID BY:
SECTION 8 _____
SOCIAL SERVICES _____
TENANT _____

AMOUNT OF RENT PAID BY:
SECTION 8 _____
SOCIAL SERVICES _____
TENANT _____

LEASE? YES NO
If yes, you must provide a copy to
the receiver.

LEASE? YES NO
If yes, you must provide a copy
to the receiver.