



SHELTER FORM

RENT CHECKS ARE MAILED 3RD OF EACH MONTH

Client's Name: _____
Last First

New Address: _____
Number and Street City State/Zip Code

LANDLORD MUST COMPLETE THIS SECTION:

There are 4.3 weeks in each month

If rent is paid weekly – Enter amount paid each week _____ X 4.3 = _____

If paid twice a month – Enter amount paid twice a month _____ X 2 = _____

If paid monthly – Enter amount paid monthly _____

PLEASE ADVISE OUR OFFICE 30 DAYS IN ADVANCE OF ANY RATE INCREASE

Which of the following items and services are included in the rent?

Utilities

Appliances

- _____ Heat
- _____ Electricity
- _____ Gas (other than Heat)
- _____ Garbage Removal
- _____ Water

- _____ Cooking Stove
- _____ Refrigerator
- _____ Washer/Dryer
- _____ Water Pump
- _____ Other _____

I hereby certify that the above named person rents property at the above address.

Print or Type Name of Landlord: _____

Social Security: _____

Landlord's Signature: _____ Date: _____

Landlord's Address: _____

Contact Phone #: _____

Client Signature: _____