

THIS REPORT IS SUBMITTED FOR

SEMI-ANNUAL REPORTING PERIOD

JANUARY JULY

30 DAY REPORTING OF NEW TENANT LEASES / TENANT VACATING PROPERTY

NAME OF RENTAL COMPLEX (if applicable): _____

TOTAL NUMBER OF UNITS: _____

NAME OF LANDLORD/ LEASING CO: _____

ADDRESS: _____

NAME OF CONTACT PERSON: _____

FID# (Business Entity owner) or SSN# for Individual Landlord: _____ DATE: _____

PLEASE COMPLETE A SEPARATE ENTRY FOR EACH UNIT.

ADDRESS OF RENTAL UNIT: _____
NAME OF OCCUPANT: _____ PHONE: _____
LEASE ORIGINATION DATE: _____ LENGTH OF LEASE: _____
IF THIS A 30 DAY REPORTING AFTER LEASE TERMINATION, COMPLETE THE FOLLOWING
TERMINATION DATE OF LEASE: _____
FORWARDING ADDRESS OF TENANT: _____

ADDRESS OF RENTAL UNIT: _____
NAME OF OCCUPANT: _____ PHONE: _____
LEASE ORIGINATION DATE: _____ LENGTH OF LEASE: _____
IF THIS A 30 DAY REPORTING AFTER LEASE TERMINATION, COMPLETE THE FOLLOWING
TERMINATION DATE OF LEASE: _____
FORWARDING ADDRESS OF TENANT: _____

ADDRESS OF RENTAL UNIT: _____
NAME OF OCCUPANT: _____ PHONE: _____
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