south euclid

FORM

RP-T TENANT INFORMATION UPDATE

PRINT OR TYPE ALL FIELDS

DATE

/ /

NUMBER & STREET OF RENTAL PROPERTY

SUITE / FLOOR

NAME OF OWNER / AGENT / OPERATOR OF RENTAL PROPERTY

ADDRESS – PO BOXES ARE NOT ACCEPTABLE

SUITE / FLOOR

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

- -

EMAIL ADDRESS

TENANT INFORMATION

MAXIMUM (3) UNRELATED PERSONS PER UNIT. INFORMATION IS NECESSARY FOR TAX PURPOSES.
TENANT LIST CAN BE SUBMITTED ON A SEPARATE DOCUMENT IF ADDITIONAL SPACE IS NEEDED.

NAME OF PRINCIPAL TENANT

DATE OF BIRTH

/ /

TELEPHONE NUMBER

- -

LEASE EXPIRATION DATE

/ /

NAME OF TENANT (2) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐ DATE OF BIRTH / /

NAME OF TENANT (3) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐ DATE OF BIRTH / /

NAME OF TENANT (4) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐ DATE OF BIRTH / /

NAME OF TENANT (5) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐ DATE OF BIRTH / /

NAME OF TENANT (6) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐ DATE OF BIRTH / /

NAME OF TENANT (7) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐ DATE OF BIRTH / /

NAME OF TENANT (8) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY ☐ FRIEND ☐ ROOMMATE ☐ DATE OF BIRTH / /