

Date: 7/13/2020

Landlord's Name: _____

Landlord's Phone: _____

Unit Address: _____ **Apt. No.:** _____

Unit City: _____

Lease Terms:

Requested Rent Amount: \$ ☐ 1 year

Security Deposit Amount: \$ ☐ 2 year

Number of bedrooms: 1 2 3 4 ☐ 3 year

Number of Baths:

☐ One full

☐ One & ½

☐ Two full

Type of Unit:

☐ Single Family Home

☐ ranch

☐ two story

☐ split level

☐ Duplex

☐ up / down

☐ side by side

☐ Multi-Family Apartment

☐ Mobile Home

☐ Townhouse/Row House

Utility Responsibility:

Paid by Tenant

Heat ☐

Gas ☐

Electric ☐

Water ☐

Sewer ☐

Trash ☐

Paid by Landlord

☐

☐

☐

☐

☐

☐

Appliances Provided by Landlord:

☐ stove

☐ refrigerator

☐ None

Unit Extras:

☐ garage

☐ off street parking

☐ air conditioning

☐ Pets Permitted

☐ ceiling fan(s)

☐ carpet

☐ yard

☐ Pet Deposit

☐ basement

☐ laundry hook up

☐ coin laundry

☐ Handicapped Accessible

☐ porch

☐ patio

☐ deck

Additional:

Please email completed form to mchumney@starkmha.org or dswafford@starkmha.org
Or fax to 330-580-9000