

RESIDENT RECORD - ACCOUNTING

MOVE-IN DATE: _____

SUITE #: _____

LAST NAME: _____

FIRST NAME: _____

LAST NAME: _____

FIRST NAME: _____

MONTHLY RENTAL FEE: \$ _____

PAP SUBMITTED ☐

2ND OCCUPENT FEE: \$ _____

TOTAL MONTHLY RENT: \$ _____

SL4 ☐

SL4D ☐

INDEPENDENT ☐

MONTHLY STATEMENT TO BE SENT TO RESIDENT ☐

OTHER ☐

PRINT NAME AND ADDRESS BELOW:

ADDITIONAL SERVICES

DATE: _____

START ☐

STOP ☐

LAUNDRY

\$ _____

RENT(SEE ABOVE): \$ _____

PARKING STALL # _____

\$ _____

CABLE

\$ _____

OTHER _____ : \$ _____

OTHER _____ : \$ _____

TOTAL ADDITIONAL SERVICES

TOTAL MONTHLY CHARGES:

\$ _____

FIRST MONTH CALCULATION:

of days in current month _____ (A) # of days renting this month _____ (B)

Total Monthly Charges \$ _____ X (B) _____ / (A) _____ = \$ _____

COMMENTS:

SIGNED BY: _____

BUSINESS OFFICE MANAGER

EXECUTIVE DIRECTOR