

RESIDENT RECORD - ACCOUNTING

MOVE-IN DATE: _____

SUITE #: _____

LAST NAME (A): _____

FIRST NAME: _____

LAST NAME (B): _____

FIRST NAME: _____

MONTHLY RENTAL FEE: \$ _____

PAP SUBMITTED ☐

2ND OCCUPANT FEE: \$ _____

TOTAL MONTHLY RENT: \$ _____

DAL ☐

EDAL ☐

SUPPORTIVE ☐

MONTHLY STATEMENT TO BE SENT TO RESIDENT ☐ OTHER ☐ PRINT NAME AND ADDRESS

BELOW:

18th 19 ~~OPTIONAL SERVICE~~

ADDITIONAL SERVICES

DATE: _____

START ☐

STOP ☐

LAUNDRY

\$ _____

Rent (see above): \$ _____

PARKING

\$ _____

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 COORDINATOR

EXECUTIVE DIRECTOR