

MONTH OF:

SPONSOR NAME:

GRANT #:

TENANT NAME (Last, First)	UNIT TYPE (# of bedrooms)	ADDRESS	UNIT #	TENANT MOVE IN DATE	TENANT MOVE OUT DATE	LEASE START	LEASE END	LEASE AMOUNT	Utilities included in lease (WTR, SWR, TRA, GAS, ELE)	TENANT PAID PORTION
1.										
2.										
3.										
4.										
5.										
6.										
7.										
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15.										
16.										
17.										
18.										
19.										
20.										

CERTIFICATION

I certify this is true and correct

SIGNATURE
DATE