



Date / /

### Rental Unit Intake Information Form

#### Owner Information

Full Name: \_\_\_\_\_  
*Last First Spouse*

Property Address: \_\_\_\_\_  
*Street Address City State, Zip Code*

Mailing Address: \_\_\_\_\_  
*Street Address City State, Zip Code*

Phone: ( ) Phone Type (Circle One): Cell Home Work  
Phone: ( ) Phone Type (Circle One): Cell Home Work

Email Address: \_\_\_\_\_

#### Lease Information

Deposit Required: \$ \_\_\_\_\_ Minimum Rent: \$ \_\_\_\_\_

Move In Availability: / / Desired Lease Term \_\_\_\_\_

Showing Availability: / / Repair Authorization\*: \$ \_\_\_\_\_

### VOID CHECK FOR ACH DEPOSITS

#### Other

Notes: \_\_\_\_\_  
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