

|                                 |  |
|---------------------------------|--|
| Landlord Name:                  |  |
| Tenant Name:                    |  |
| Rental Property Address:        |  |
| Date of Last Payment:           |  |
| Rent Paid to:                   |  |
| Date tenant took possession on: |  |
| Monthly Rent (\$):              |  |

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**Tenant Signature**

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**Date**

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**Landlord Signature**

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**Date**

*This form is subject to change at any time and without notice. In order to avoid delays, please ensure you have the most current form at all times. 01/2020.*