

LANDLORD RENT CHANGE REQUEST FORM

Landlord Name: _____

Landlord Phone #: _____

Landlord Email: _____

Client Name: _____

Client Address: _____

Current Rent: _____

Requested Rent: _____

Date Current Lease Ends: _____

Other Information (if applicable): _____

Signature of Landlord

Date

Utilities	Landlord Responsibility	Client Responsibility
Gas		
Electric		
Water/Sewer		
Trash		

Does unit have central air? ____ Yes ____ No #of bedrooms ____

Appliance	Gas	Electric		
Furnace				
Stove				
Hot Water Tank				
Type of unit	Garden/Flat/Highrise	Double/duplex/Townhouse	Single house	