

Residential Lease Specification Sheet

Date Requested: _____

Tenant's Name: _____ UIN #: _____

Type of building: House Apt. Mobile Home Facility #: _____

Name and location of Facility: _____

_____ County, Texas

List of Appliances & _____
Furnishings: _____
(if none, put "none")

Who pays for the following? (check box)

| | | | | | |
|-------------|---------------------------------|-----------------------------------|----------------------|---------------------------------|-----------------------------------|
| Electricity | <input type="checkbox"/> Tenant | <input type="checkbox"/> Landlord | Gas (if applicable) | <input type="checkbox"/> Tenant | <input type="checkbox"/> Landlord |
| Water | <input type="checkbox"/> Tenant | <input type="checkbox"/> Landlord | Solid Waste Disposal | <input type="checkbox"/> Tenant | <input type="checkbox"/> Landlord |
| Sewer | <input type="checkbox"/> Tenant | <input type="checkbox"/> Landlord | Cable | <input type="checkbox"/> Tenant | <input type="checkbox"/> Landlord |
| Phone | <input type="checkbox"/> Tenant | <input type="checkbox"/> Landlord | Internet | <input type="checkbox"/> Tenant | <input type="checkbox"/> Landlord |

Name and relationship of additional occupant(s): _____
(if none, put "none") _____

Landlord's Emergency Contact name and Phone#: _____
(for tenant to call if emergency at the property)

Start/End Date: _____ to _____ (2 YEAR MAXIMUM, no renewals)
Rent Amount: \$_____/month Damage Deposit Amount: \$_____
Daily Holdover Rate (usually twice the monthly rental, prorated on a daily basis): \$_____

Mail Rent Payments to: _____

Pets Allowed? _____ If yes, any restrictions? _____
If no, the following language must appear in the lease: "No pets are permitted in or on the Leased Property, with the exception of Seeing Eye Dogs that are used due to a visual impairment."

Tenant's Notice Address and phone: _____

Landlord's Notice Address and phone: _____

Name of person completing this form: _____
Contact information: _____