

Rental Income Declaration



THIS FORM IS TO BE COMPLETED BY THE TENANT OF THE RENTAL PROPERTY.

Date _____

Tenant Name _____ Phone _____

Rental Property Address _____

City _____ State _____ Zip Code _____

Rent Amount Paid \$ _____ Per Day Per Week Per Month

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Landlord Name _____ Phone _____

Landlord Address _____

City _____ State _____ Zip Code _____

I certify that the information provided above is true and accurate.

Tenant

Signature _____

Print Name _____

Date _____

Landlord

Signature _____

Print Name _____

Date _____