**A black and white logo

Description automatically generated with medium confidence**

1709 Richland St

PO Box 663

Storm Lake, IA 50588

(P) 712-749-2548

(F) 712-749-2549

**General Assistance**

Renters Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rental Property Address:

(Please include the Apartment or Room Number)

Monthly Rental Amount: $

Month the Rent is Due For:

Utilities Included: Yes  No

Occupants (List All)

Name and Address Where the Rent is to be Sent:

I, being the Landlord/Manager, state the following information on the rental property listed below to be true and correct to the best of my knowledge.

Landlord/Manager’s Signature Date

Phone Number