

2016 TENANT REGISTRATION FORM ATGLEN BOROUGH

Property Owner:  
Property Address :

**Include information for each resident - including any resident 18 years and older (if not a college student.)**

If additional space is needed, please make a copy. Thank you.

Unit # \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lease Dates: \_\_\_\_\_

Unit # \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lease Dates: \_\_\_\_\_

Unit # \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lease Dates: \_\_\_\_\_

I CERTIFY TO THE CORRECTNESS OF THE ABOVE INFORMATION AS SUBMITTED.

\_\_\_\_\_  
Property Owner Signature Date

\_\_\_\_\_  
Print Name Phone Email Address