

12-MONTH OR SHORT-TERM LEASE RENT RECEIPT

 DATE OF PAYMENT RECEIVED: _____ / _____ / _____

 TENANT NAME(S): _____

 PROPERTY ADDRESS: _____

 BALANCE DUE: \$ _____

Tenant paid the sum of \$ _____ as rent for the period
of _____ to _____ for the premises described above.

PAID BY: CASH CHECK MONEY ORDER CREDIT CARD OTHER _____

RECEIVED BY: _____

COMPANY NAME: _____

SIGNATURE