

Borough of Stroudsburg

RENTAL HOUSING AND TENANT REPORT

Please type or print clearly. Complete this form every January and within 30 days of a change in tenant occupancy.

Rental Property Information

Rental Property Address: ****REQUIRED****

If your property has multiple street addresses, please use a different form for each address.

Property Owner Information

****REQUIRED****

Owner Name:
Mailing Address:
Phone Number: E-mail:
Property Manager Information *All property owners who are not FULL-TIME residents of Monroe County **MUST** designate a property manager who resides within the County.*

Property Manager Name:
Phone Number: E-Mail:
Signature: Date: Property Owner
 Manager

Tenant Information

UNIT # _____ (Adult Tenants Only)

Name Date Tenant Moved In:
Employer Name Employer City/State
Name of Previous Tenant: Date Prior Tenant Moved Out:

UNIT # _____ (Adult Tenants Only)

Name Date Tenant Moved In:
Employer Name Employer City/State
Name of Previous Tenant: Date Prior Tenant Moved Out:

UNIT # _____ (Adult Tenants Only)

Name Date Tenant Moved In:
Employer Name Employer City/State
Name of Previous Tenant: Date Prior Tenant Moved Out:

UNIT # _____ (Adult Tenants Only)

Name Date Tenant Moved In:
Employer Name Employer City/State
Name of Previous Tenant: Date Prior Tenant Moved Out:

COMMERCIAL / BUSINESS RENTAL ONLY: UNIT(S) # _____

BOROUGH OF STROUDSBURG
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