

RENTAL OCCUPANCY LIST INSTRUCTIONS

Please complete the information required below before returning the list to the City of Brunswick Income Tax Department. When identifying the Lessee and all other occupants, note both first and last names, over 18, and social security number of each person. Please complete a section for each unit in your rental property. Photocopies of this form are acceptable if you own more than two (2) units.

Owner's name / Complex name: _____ Manager: _____ Phone number: _____

Lessee name: _____ Social Security #: _____ - _____ - _____ # of Persons Living in Unit _____

Address: _____ Suite #: _____

Date Moved In (MM/YY) ____ / ____ Date Moved Out (MM/YY) ____ / ____

Occupant name: _____ Over 18: ____ Social Security #: _____ - _____ - _____

Occupant name: _____ Over 18: ____ Social Security #: _____ - _____ - _____

Occupant name: _____ Over 18: ____ Social Security #: _____ - _____ - _____

Occupant name: _____ Over 18: ____ Social Security #: _____ - _____ - _____

Lessee name: _____ Social Security #: _____ - _____ - _____ # of Persons Living in Unit _____

Address: _____ Suite #: _____

Date Moved In (MM/YY) ____ / ____ Date Moved Out (MM/YY) ____ / ____

Occupant name: _____ Over 18: ____ Social Security #: _____ - _____ - _____

Occupant name: _____ Over 18: ____ Social Security #: _____ - _____ - _____

Occupant name: _____ Over 18: ____ Social Security #: _____ - _____ - _____

Occupant name: _____ Over 18: ____ Social Security #: _____ - _____ - _____