

Utility Responsibility Change Form

INVESTING IN COMMUNITIES

Client Information		Unit Information		
Client #: Client Name: Unit Address: City, State, Zip:		,	propriate information} e/Duplex or Apt/Duplex 1 2 3 4 5 6 7	
Item	Special Fuel Type {Please check type of fuel used}	Provided by T=Tenant O=Owner	Paid by T=Tenant O=Owner	
Heating	□ Natural Gas □ Bottle Gas □ Oil/Electric □ Coal or Other			
Cooking	Natural Gas Oil/Electric Coal or Other			
Water Heating	Natural Gas Bottle Gas Oil/Electric Coal or Other			
Air Conditioning				
Water				
Sewer				
Trash Collection				
Range/Microwave				
Refrigerator				
or payment respon A new lease and contri	nority is required to execute a new lease and assibility. These changes may affect the amontract will be sent to you for signature with ract will be month-to-month. The above information is true and correct the angle of the correct services are above.	nount of tenant rent at thin 15 days of receip	nd/or housing assistance paymer	
Tenant Signature			Date	
Owner Signature			Date	



