

Rent Roll

THIS FORM MUST BE COMPLETED BY ALL GEORGIA HRRP APPLICANTS, INCLUDING APPLICANTS THAT DO NOT HAVE RENTAL UNITS ON THEIR PROPERTY. THIS FORM MUST BE COMPLETED PRIOR TO EXECUTING A GRANT AGREEMENT.

This form may be used to determine eligibility for the Uniform Relocation Act (URA).

Unique Application ID: _____

Homeowner Name: _____

Property Address: _____

Overall Property Information

Is anyone (including you, your household, a renter, or anyone else) currently living on your HRRP Property?

Yes

No

Is your property a single-unit, owner-occupied property with no rental units? **If you answered “yes” to this question, sign this Form without filling out any other sections. If you answered “no”, fill out the remainder of this Form.**

Yes

No

Complete this section about current tenants	Unit Number	Unit Street Address
Is the Unit Currently Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name of Current Occupant or Tenant	Last Name of Current Occupant or Tenant
Who Occupies This Unit? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Unit is Not Occupied	Current Monthly Rent (if Tenant Occupied)	Telephone Number (if Tenant Occupied)
Lease Type (if applicable) <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> No Lease <input type="checkbox"/> N/A	Month/Year Lease Expires (if Tenant Occupied)	Tenant Email (if Tenant Occupied)
Complete this section about tenants at the time of the storm event	Unit Number	Unit Street Address
Dates the unit was occupied (should include the date of the storm)	First Name of Current Occupant or Tenant	Last Name of Current Occupant or Tenant
Who Occupied This Unit? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Unit is Not Occupied	Monthly Rent (if Tenant Occupied)	Telephone Number (if Tenant Occupied)
Lease Type (if applicable) <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> No Lease <input type="checkbox"/> N/A	Month/Year Lease Expired (if Tenant Occupied)	Tenant Email (if Tenant Occupied)
Complete this section about tenants that moved due to storm damage	Unit Number	Unit Street Address
Dates the unit was occupied	First Name of Current Occupant or Tenant	Last Name of Current Occupant or Tenant
Who Occupied This Unit? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Unit is Not Occupied	Monthly Rent (if Tenant Occupied)	Telephone Number (if Tenant Occupied)
Lease Type (if applicable) <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> No Lease <input type="checkbox"/> N/A	Month/Year Lease Expires (if Tenant Occupied)	Tenant Email (if Tenant Occupied)

CERTIFICATION

I hereby certify that the information I have provided on this Form is true and correct.

I acknowledge and agree that I am responsible for obtaining and retaining contact information, including, at a minimum, a residential forwarding address, for any and all current and future tenants that reside at the Property during the pendency of my application for, and receipt of, benefits with the Georgia Housing Rehabilitation and Reconstruction Program (HRRP). I acknowledge and agree that I will comply with the Uniform Relocation Act if I am required to do so.

I understand that if I fail to maintain an accurate forwarding address for any and all tenants who vacate the Property after today's date, I may be deemed ineligible for benefits under the Georgia HRRP or other program restrictions may be imposed. I acknowledge that I have carefully read this Agreement, and I represent that I fully understand its contents and sign it voluntarily.

Homeowner Printed Name

Homeowner Signature

Date

Additional Homeowner Printed Name

Additional Homeowner Signature

Date

Unique Application ID: _____