



Main office date stamp:

RENT CERTIFICATE REQUEST

I would like a RENT CERTIFICATE for year(s): _____

Claimant's Name (print): _____

Apartment Address: _____

Check box if NOT married Husband's/Wife's name: _____

My completed RENT CERTIFICATE should be mailed to (check one):

My Metropolitan Associates apartment address (as shown above)

New Address

Name _____ Phone () _____
Address _____ City _____ State _____ Zip _____

Rent Re-Allocation Section – Fill out the following section to let us know how much rent should be allocated to each tenant on the lease. Do not include spouses or underage children. All leaseholders must sign to approve allocation.

Print Name _____

Rent Allocated \$ _____ OR Percent Allocated _____ %

Signature _____ Date _____

Print Name _____

Rent Allocated \$ _____ OR Percent Allocated _____ %

Signature _____ Date _____

Print Name _____

Rent Allocated \$ _____ OR Percent Allocated _____ %

Signature _____ Date _____

Signature _____

Date _____