



# METROPOLITAN ASSOCIATES

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 above)  
- or -
- Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For any questions I can be reached at: (\_\_\_\_) \_\_\_\_\_  
Area Phone Number

**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 tenants 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