

ENROLLMENT FORM

Date: _____

Name of Community: _____

Resident Name: _____

Resident Address: _____

Telephone Number: _____

Email Address: _____

Place of Employment: _____

- 2% _____ = \$ _____ per month
- 4% _____ = \$ _____ per month
- 6% _____ = \$ _____ per month

I would like to participate in the Rent Guardian Program. I have read and understand the terms and conditions of the program.

Resident Signature

Date

Community Manager

Date



Rent Guardian