



## Intent to Rent Form – Re-Entry

Participant Name \_\_\_\_\_ Date \_\_\_\_\_

Community Corrections Agent \_\_\_\_\_ Approval Amount \$ \_\_\_\_\_

**The section below MUST be completed by the Property Owner or Property Management Company**

**Proposed Rental Information** (please print)

Type of Lease:  Month to Month  Annual  Other (please specify) \_\_\_\_\_

Amount of first month's rent \$ \_\_\_\_\_

Date property will be available \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**Property Owner Information** (please print)

Name of Property Owner \_\_\_\_\_ Phone Number ( ) - \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Routing: Original - File  
Copy - Fiscal Dept.

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