

THE POCKET LAWYER[®]

Document Preparation Service

/// Workbook ///

✍️ “We Help You Help Yourself” ✍️

LEASE AGREEMENT - RESIDENTIAL



PART “A”

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Document Preparation Service Workbook

“Self-Help” Series

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Residential Lease Client Questionnaire

<p>INSTRUCTIONS: Answer <u>All</u> questions with an answer or a N/A. Today's date _____ If more space is needed, use the space below or attach blank pages.</p>			
INFORMATION ABOUT THE LESSOR (LANDLORD)			
1	Landlord Last Name	First Name	Middle Name
2	If Company, full Name		
3	Street address		
4	City	State	Zip
5	Mailing Address (if different) Street / PO		
6	City	State	Zip
7	Home Phone	Business Phone	
8	Name of authorized manager (if applicable)		
9	The name, address and telephone number to rent payments must be made (if different from Landlord information, above)		
10	The address and usual days and hours that rent may be paid in person (if applicable)		
INFORMATION ABOUT THE LESSEE(S) (TENANT)			
11	1 st Tenant Last Name	First Name	Middle Name
12	Street Address		
13	City	State	Zip
14	Home Phone	Business Phone	
15	2 nd Tenant Last Name	First Name	Middle Name
16	Street Address		
17	City	State	Zip
18	Home Phone	Business Phone	
19	Total number of people permitted to live in the rental unit:		
20	Total number of days a "guest" may occupy the leased premises:		

Residential Lease Client Questionnaire (Continued)			
If additional space is needed, number and insert below.			
INFORMATION ABOUT THE LEASED PROPERTY			
21	Leased Premises Street Address		
22	City	State	Zip
23	Description of leased premises		
24	Term of lease beginning on	Ending on midnight of	
25	Total amount of rent for <u>entire</u> term \$	Monthly rent amount \$	
26	How often will rent be due: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> OTHER:		
27	Day of month rent due	Rent considered late after this day of month	
28	Late fee amount \$	or % of late payment =	
29	Security deposit amount (usually two times the monthly rental amount for an unfurnished unit and three times the monthly rental amount for a furnished unit) \$		
30	Security deposit held at (name of bank)		
31	Is Tenant required to pay 'last month's rent' at the beginning of the tenancy or at the time the security deposit is paid <input type="checkbox"/> NO <input type="checkbox"/> YES		
32	Will pets be allowed <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, amount of Pet Deposit \$		
33	Will an <i>Application Screening Fee</i> be charged <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, amount (Max = \$37.57) \$		
34	Security deposit returned within how many days after termination of lease (21 days or less):		
35	How many days does tenant have to cure any default after being given notice		
36	Is electricity included in the monthly rent <input type="checkbox"/> NO <input type="checkbox"/> YES		
37	Is gas included in the monthly rent <input type="checkbox"/> NO <input type="checkbox"/> YES		
38	Is water and sewer included in the monthly rent <input type="checkbox"/> NO <input type="checkbox"/> YES		
39	Utilities or services provided and paid for by Tenant:		
40	Utilities or services provided and paid for by Landlord:		

