

Partner Agency _____

CSP ID _____

SRA _____ TRA _____ (check one)

CSB TENANCY REQUEST

Once the case manager and prospective tenant have identified a unit, fill out the form below and submit it with 1) an unsigned lease, 2) landlord W9 and/or EFT form, and 3) property management agreement (if applicable) to the CSB housing team at housing@csb.org.

OWNER

Address _____

Phone _____

Email _____

LANDLORD/PROPERTY MANAGER

(If different than above)

Address _____

Phone _____

Email _____

Mailing Address for Checks _____

UNIT

Full Address _____

Number of bedrooms/bathrooms _____

Style of unit (Apt/TH/Row/High Rise) _____

of people in household¹ _____

¹ Household composition must match CSP

Partner Agency _____

CSP ID _____

SRA _____ TRA _____ (check one)

Monthly Rent _____

Initial Rent² _____

Security Deposit _____

UTILITIES ³	Landlord Responsibility	Tenant Responsibility
Gas		
Heating		
Cooking		
Water Heating		
Electric		
Heating		
Cooking		
Water Heating		
Other Electric		
Water/Sewer		
Trash		

SIGNATURES

Landlord

Printed Name: _____

Signature and Date: _____

Case Manager

Printed Name: _____

Signature and Date: _____

Prospective Tenant

Printed Name: _____

Signature and Date: _____

² If prorated or different than monthly rent

³ Mark responsibilities with an x (do not insert utility allowances).