

# Annual Tenant Housing Report Form — Due January 30<sup>th</sup> for preceding calendar year

## Exhibit E



CITY OF IOWA CITY

Name, Phone Number & Email of Person Completing Form:	
Property Address:	Period Covered: January 1, 20__ to December 31, 20__
Property Owner:	Required Number of Units per Ordinance:

Unit #	# of Bdrms	Last Name or Client ID#	Total Monthly Rent	Annual Income	% Median Income	Size of Household (all members)	Start/Renewal of Lease	Lease Expiration Date

I certify that the information above is, to the best of my knowledge and belief, true, correct and complete. I am aware that the information being provided is subject to verification by the City of Iowa City.

\_\_\_\_\_

Name (print)

Signature

Date

Complete and return to:  
**neighborhoods@iowa-city.org**  
City of Iowa City, Neighborhood Services  
410 E. Washington Street  
Iowa City, IA 52240  
**If you have questions, please call 319.356.5230**