Annual Tenant Housing Report Form – Due January 30th for preceding calendar year

Exhibit E

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



Unit #	# of Bdrms	Last Name or Client ID#	Total Monthly Rent	Annual Income	Below 60% AMI (Y/N)	Size of Household (all members)	Start/Renewal of Lease	Lease Expiration Date
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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.

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**