

Tenant Questionnaire

Name: _____ Social Security #: _____

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Current Telephone Numbers

Day: _____ Evening: _____ Other: _____

Address of Damaged Property: _____

How long have you lived at the damaged property? _____ Year(s) _____ Month(s)

If you no longer live at the damaged property, what date did you move? _____

How many bedrooms does (did) your damaged rental property have? _____

How many people live(d) there? _____

How much is (was) your monthly rent? _____

Property Owner's Name: _____ Telephone: _____

Property Owner's Address: _____

Thank you for taking the time to complete this questionnaire.