

**RENTAL OCCUPANCY LIST INSTRUCTIONS**

Please complete the information required below before returning the list to the City of Brunswick Income Tax Department. When identifying the Lessee and all other occupants, note both first and last names, over 18, and social security number of each person. Please complete a section for each unit in your rental property. Photocopies of this form are acceptable if you own more than two (2) units.

Owner's name / Complex name: \_\_\_\_\_ Manager: \_\_\_\_\_ Phone number: \_\_\_\_\_

Lessee name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ # of Persons Living in Unit \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Date Moved In (MM/YY) \_\_\_\_ / \_\_\_\_ Date Moved Out (MM/YY) \_\_\_\_ / \_\_\_\_

Occupant name: \_\_\_\_\_ Over 18: \_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupant name: \_\_\_\_\_ Over 18: \_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Occupant name: \_\_\_\_\_ Over 18: \_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Lessee name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ # of Persons Living in Unit \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Date Moved In (MM/YY) \_\_\_\_ / \_\_\_\_ Date Moved Out (MM/YY) \_\_\_\_ / \_\_\_\_

Occupant name: \_\_\_\_\_ Over 18: \_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupant name: \_\_\_\_\_ Over 18: \_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupant name: \_\_\_\_\_ Over 18: \_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupant name: \_\_\_\_\_ Over 18: \_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_