

**SKIPPACK TOWNSHIP  
RENTAL HOUSING IDENTIFICATION FORM**

DATE OF REPORT: \_\_\_\_\_ NUMBER OF UNITS: \_\_\_\_\_

ADDRESS OF RENTAL APARTMENT OR BUILDING: \_\_\_\_\_

NAME AND ADDRESS OF OWNER: \_\_\_\_\_

RENTAL DATE: \_\_\_\_\_ APARTMENT NO. \_\_\_\_\_

NAME OF LESSEE: \_\_\_\_\_

LESSEE SOCIAL SECURITY NUMBER: \_\_\_\_\_

OCCUPATION OF LESSEE: \_\_\_\_\_

NAME AND ADDRESS OF LESSEE EMPLOYER: \_\_\_\_\_

| <b>Name of Additional Occupants</b> | <b>Social Security Number &amp; Occupation</b> | <b>Name &amp; Address of Employer</b> |
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