

LOWER NAZARETH TOWNSHIP PLANNING & ZONING OFFICE

623 MUNICIPAL DRIVE NAZARETH, PA 18064 TELEPHONE: 610-759-7434 FAX: 610-746-3317 www.lowernazareth.com

RENTAL DISCLOSURE FORM

Completion by Property Owner

□ January – June, 20 ____

RENTAL DISCLOSURE for preceding 6 months: (choose one)

		□ July ·	December 20
Location/Unit Addres	S: USE a SEPARATE FORM for	FACH UNIT	
During the reporting	period, this property has been:	EACH ONL	
□ Vacant – C □ Second Ho □ Occupied I	Complete owner information only. Some – Complete owner information only Soy a family member - Complete owne Complete owner and tenant information	r and tenant information belo	ow.
Owner Name:		· · · · · · · · · · · · · · · · · · ·	
Owner Address:			
City/State/Zip:			
Owner Contact Phone Nos.: ()		()	
Owner Email Address	S:		
Property Rented/Leas	sed to:	vho signed lease	
Names of all Tenants 18 & over (First & Last Name) PLEASE PRINT NEATLY		Dates Tenant Occupied Dwelling Any portion of preceding 6 mos.	
		Beginning Date	End Date
1.			
2.			
3.			
4.			
5.			
6.			

Required pursuant to Lower Nazareth Township Ordinance #190-80-07, Rental Disclosure Ordinance, Sections 1 and 2. Please note: <u>The fact that the property may have been rented or leased for minimal</u> or no rent shall not exclude the Owner from filing this document.