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W2W Intent to Rent Form

Participant Name _____ Date _____

Community Corrections Agent _____ Approval Amount \$ _____

The section below MUST be completed by the Property Owner or Property Management Company

Proposed Rental Information (please print)

Type of Lease: Month to Month Annual Other (please specify) _____

Amount of first month's rent \$ _____

Date property will be available _____

Address _____
Street City State Zip

Property Owner Information (please print)

Name of Property Owner _____ Phone Number () - _____

Address _____
Street City State Zip

Signature of Property Owner _____ Date _____

Routing: Original - File
Copy - Fiscal Dept.

Created: 7/11/2024
Revised: 7/12/2024

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