

Utility Responsibility Change Form INVESTING IN COMMUNITIES

Client Information			Unit Information		
Client #: Client Name: Unit Address:			{Please circle appropriate information} Unit Type: House/Duplex or Apt/Duplex		
City, State, Zip:			# of Bedrooms:	1 2 3 4 5 6 7	
Item	Special Fuel T {Please check type of		Provided by T=Tenant O=Owner	Paid by T=Tenant O=Owner	
Heating		tle Gas al or Other			
Cooking		tle Gas al or Other			
Water Heating		tle Gas al or Other			
Air Conditioning					
Water					
Sewer					
Trash Collection					
Range/Microwave					
Refrigerator					
or payment respond A new lease and contraction the lease and contraction	nsibility. These changes may ontract will be sent to you f	ay affect the amo for signature with n. You may fax	ount of tenant rent ar nin 15 days of receip this form to SHRA a	e are changes to the type of ad/or housing assistance pay t of this paperwork. The ter t (916) 449-1285 or mail it.	ment
Tenant Signature				Date	
Owner Signature				Date	



