

Complete & return to:
MVCC RESIDENCE LIFE OFFICE
1101 Sherman Drive
Utica, NY 13501-5394
(315)792-5361

Rental Information Form

Date: _____

Have you listed with us before? Yes ___ No ___

Location of Rental Property Please print. Use separate form for each rental unit.

Street Address _____ City _____ Zip _____

Nearest Bus Stop (intersection) _____ Miles to MVCC closest campus _____

Does owner live on property? Yes ___ No ___ Is property subject to 1203 inspection? Yes ___ No ___ If no,

please state why: _____

*****1203 INSPECTION VERIFICATION MUST BE ATTACHED TO THIS FORM.*****

Type of Housing for Rent (Please use separate form for each rental unit)

Entire House _____
Apartment in house with landlord _____
Multiple Apt. Bldg./Complex _____: Name of Apartment Building _____
Room in House _____

Description: How many rooms, bedrooms, etc. _____ Furnished Yes No

Rental Cost per Month \$ _____ Is this cost per person or do all the occupants split it? Per Student ___ Split ___

Security Deposit \$ _____ per student Lease required? Yes No How Long? _____

Services Provided in the Rental Fee: (Please Circle)
Heat Gas Electric Water Cable Parking Laundry Stove
Refrigerator Microwave Dishwasher Handicap Accessible Other: _____

Additional Information

Are pets allowed? _____ Children? _____ Smokers? _____ Is this unit insured? _____
Are fire alarms/smoke detectors provided/operable? _____ Did unit pass code inspection? _____ (Attach 1203 Verification)
Comments: _____

PLEASE READ THE FOLLOWING BEFORE SIGNING

I certify that this accommodation is made available without restriction based on race, color, sex, religion, national origin, ancestry, age, disability, marital status, sexual orientation or veteran status. I understand that if a student becomes a tenant on these premises, Mohawk Valley Community College assumes no obligation for individual actions, damages or payment of rent, and that College sanctions may not be levied for misconduct or to assure payment of financial obligations. I understand that the College reserves the right to forward information listed on the Rental Information Form to the City Codes Department or the Fire Marshal's Office. I understand that this listing will be placed on the College Web Site.

Signature _____

PLEASE PRINT

Name of Property Owner/Manager _____

Owner/Manager
Street Address _____ City _____ State _____ Zip _____

Telephone (home) _____ (cell) _____