

**P.R.V.S. Tenant History Entry Form**

**Please print this form and fax to (559)- 226-7787**

First Name:	
Last Name:	
Middle Name:	
Suffix:	
SSN:	
Address:	
City:	
State:	
Zip:	
Date Moved In:	
Date Moved Out:	
How Tenant Paid:	On Time Sometimes Late Always Late (Please Circle One)
Were there Damages?	None Covered by Deposit More Than Deposit (Please Circle One)
How Tenant Vacated:	Paid Up Owing \$ (Please Circle One) (Enter Amount Owing)
Describe Damages if any:	
Other Pertinent Information:	
Information Provided By	
Name:	
Address:	
Phone:	
Date:	
Signature:	