



**NORTHERN KENTUCKY
INDEPENDENT DISTRICT
HEALTH DEPARTMENT**

*Promoting and protecting the health of Northern Kentucky by providing
public health services essential for a safe and healthy community*



Northern Kentucky District Health Department

Attn: _____

2388 Grandview Drive Ft Mitchell, KY 41017

Fax: 859-578-3689

On the line above list the name(s) of all tenants

The signatures at the bottom of the page confirm that the named individual(s) have a legal right to reside at:

Address (including city & zip code)

Move in Date:	
Total Monthly Rent:	
Rent Due By:	
Rental Agreement: (1 year lease vs. month to month)	
Any utilities included in monthly rent?: (Please list)	
Late Fee Policy: (List fee amounts after rent is considered late)	
Do you accept Section 8 Vouchers?: (Y or N)	
W-9 Completed By Landlord?: (Y or N) (Must be completed prior to receiving NKHD payment)	

Signature and Date of Adult Tenant(s)

Signature and Date of Adult Tenant(s)

Landlord's Printed Name

Landlord's Signature & Date

Company Name or Checks Payable To

Address to Mail Rent Payments To

Landlord Phone and Fax Number