



FAMILY SERVICE AGENCY OF BAY COUNTY, INC.

114 E 9th Street
Panama City, Florida 32401

TELEPHONE: (850)785-1721

FAX: (850) 769-1900

PROOF OF LANDLORD/TENANT RELATIONSHIP *(PLEASE PRINT)*

Tenant(s) name(s): _____

Tenant(s) address(s): _____

Tenant(s) phone number(s): _____

Landlords Name: _____

Landlord's Address: _____

Landlord's Phone Numbers: _____

Date tenant(s) moved in: _____

Amount that tenant pays: _____ per _____

Utilities included are: _____

Number of people residing at the residence: _____

Names of people residing at the residence: _____

Pet information: _____

Signature of Landlord: _____

(DO NOT SIGN UNTIL IN THE PRESENCE OF THE NOTARY)

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____, by
(name of person making statement).

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____