



STATE OF CONNECTICUT
DEPARTMENT OF HOUSING



UniteCT Rental Terms Form

This form only applies to tenants residing in a hotel/motel or have an oral living arrangement with their landlord.

1. PARTIES.

Landlord: _____

Tenant: _____

Household Occupants: _____

(only members 18 yrs. & up) _____

2. PROPERTY.

Rental Property Name (if applicable): _____

Rental Property Address: _____

3. RENTAL TERM. (check one)

Rental Begin Date _____ Rental End Date _____

Month-to-Month

4. PAYMENT.

\$ _____ Monthly Rent

5. OTHER EXPENSES. Tenant is responsible for the following monthly expenses (other than rent) which are paid directly to the landlord:

a. _____ \$ _____

b. _____ \$ _____

c. _____ \$ _____

d. _____ \$ _____

e. _____ \$ _____

Tenants and Landlords are encouraged to work together to complete this form when additional information is needed. By completing this form, you attest that the information provided is true and correct.