

2019 POPLAR HEIGHTS RENTAL REGISTRATION FORM

Please fill in completely to allow us to keep our records complete and accurate. **PAYMENT DUE AS SOON AS POSSIBLE**

PLEASE TYPE OR PRINT CLEARLY.

NAME: _____

Address: _____ Rental Number: _____

City: _____ ZIP Code: _____

Home/Cell Phone : _____ Cell Phone: _____ Cell Phone: _____

Email Address: _____ (Please print your email clearly)

Email Address: _____ (Please print your email clearly)

Names of ALL Family (Household) Members:

#1 Self _____

#2 Spouse _____

Children/Other*	Relationship	Birthday
#3 _____	_____	___/___/___
#4 _____	_____	___/___/___
#5 _____	_____	___/___/___
#6 _____	_____	___/___/___

Use back for additional names.

Rental Fees

1st Person \$660

Each additional person (including babies) is \$30.00.

RETURN ASAP OR BY April 2

MAIL TO:

PHRA
BOX 355
FALLS CHURCH VA 22040

Other: Parents, grandchildren, summer residents or other people residing full time in your residence.

Child care providers, nannies, or au pairs must be listed and appropriate fees paid. If child care provider has children who wish to use the facility, add an additional \$30 for each child.

Note: If you wish to go inactive for one year ONLY, the cost will be \$100.

Rental Fee: _____

Guest Fees: \$5 each

Total Amount Enclosed: _____

By checking this box, I agree to abide by the PHRA Rules and Regulations.

Signature: _____