

EAST BERLIN AREA JOINT AUTHORITY
PO BOX 37 103 LOCUST ST
EAST BERLIN, PA 17316
PHONE: 717-259-8370 FAX: 717-259-8372

EBAJAUTHORITY@GMAIL.COM

Tenant Disclosure Form

Please Print Legibly

OWNER: _____	PHONE: _____
EMAIL: _____	MAILING ADDRESS: _____
CITY: _____	STATE: _____ ZIP CODE: _____

ACCOUNT NUMBER: _____ PHYSICAL ADDRESS: _____

City, State, Zip: East Berlin, PA 17316 Apartment Number or Description: _____

LEASE HOLDER: _____ TELEPHONE: _____

PLEASE LIST ADDITIONAL TENANTS OVER AGE 18 IF APPLICABLE: _____

ACCOUNT NUMBER: _____ PHYSICAL ADDRESS: _____

City, State, Zip: East Berlin, PA 17316 Apartment Number or Description: _____

LEASE HOLDER: _____ TELEPHONE: _____

PLEASE LIST ADDITIONAL TENANTS OVER AGE 18 IF APPLICABLE: _____

Annual Reporting of all tenants is due to EBAJA by January 15.
Any changes in tenants and vacant properties must be reported to the EBAJA office within thirty (30) days.

Property Owner: _____ Page: _____

ACCOUNT NUMBER: _____ PHYSICAL ADDRESS: _____

City, State, Zip: East Berlin, PA 17316 Apartment Number or Description: _____

LEASE HOLDER: _____ TELEPHONE: _____

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