

FALL RIVER HOUSING AUTHORITY

HOUSING ASSISTANCE DEPARTMENT

1197 ROESON STREET

P.O.BOX 989

FALL RIVER, MASSACHUSETTS 02722

TIMOTHY S. BARROW
EXECUTIVE DIRECTOR

TELEPHONE (508) 675-3500
FAX (508) 675-3435

KEY RECEIPT FORM

THE FALL RIVER HOUSING AUTHORITY MUST RECEIVE THIS FORM BACK AS SOON AS POSSIBLE. WE WILL NOT PAY YOUR NEW LANDLORD UNTIL THIS FORM IS RETURNED.

TENANT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

LANDLORD NAME: _____

DATE KEY'S WERE RETURNED: _____

LANDLORD'S SIGNATURE

(BY SIGNING AND DATING THIS FORM, I CERTIFY AND ACKNOWLEDGE THAT I RECEIVED THE KEYS ON THIS DATE AND TENANT HAS FULLY VACATED THE UNIT)