

TENANT ONBOARDING SHEET



The Trio Complex
 4thFloor, RM. 406
 Garden city, Nairobi

LANDLORD/PM NAME: _____

MOBILE NO: _____

DATE: _____

PROPERTY NAME: _____

LOCATION: _____

NO. OF TENANTS:

CARETAKER NAME: _____

MOBILE NO: _____

#	HSE NO.	HSE TYPE (1BR,2BR etc)	TENANT NAME	ID NO.	MOBILE NO.	NEXT OF KIN	KIN MOBILE	DEPOSIT	RENT	BALANCE
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										

COMPLETED BY: (FOR OFFICIAL USE ONLY)

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#	HSE NO.	HSE TYPE	TENANT NAME	ID NO.	MOBILE NO.	NEXT OF KIN	KIN MOBILE	DEPOSIT	RENT	BALANCE
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
26.										
27.										
28.										
29.										
30.										

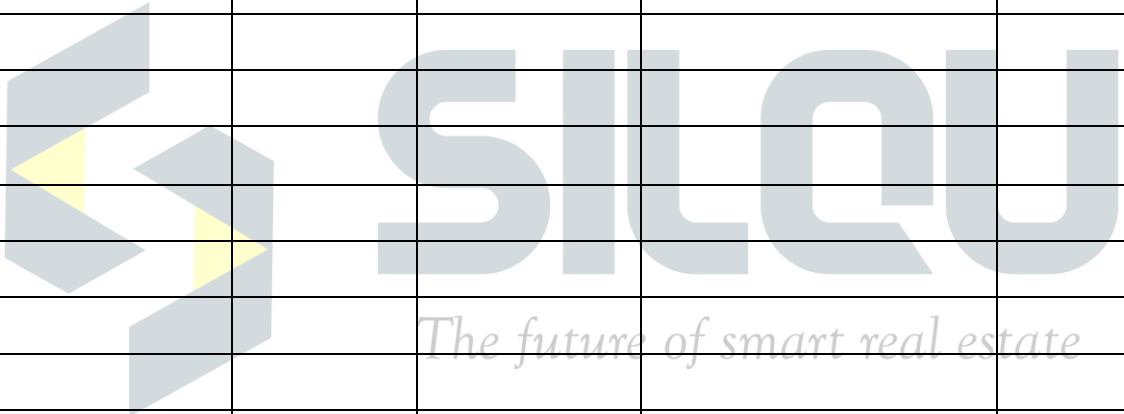
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