

What's in a Lease?



Lease and Rental Agreement

THIS AGREEMENT made this ____ Day of _____, _____, by and between _____, herein called "Landlord," and _____, herein called "Tenant."

1. PREMISES & AGREEMENT TO LEASE:

Landlord hereby agrees to rent to Tenant the dwelling located at _____ under the following terms and conditions.

2. TERM:

Tenants agree to lease this dwelling for a fixed term of _____, beginning _____ and ending _____. Upon expiration, this Agreement shall become a month-to-month agreement AUTOMATICALLY.

3. RENT:

Tenant agrees to pay Landlord as base rent the sum of \$_____ per month, due and payable monthly in advance on the 1st day of each month during the term of this agreement. The first month's rent is required to be submitted on or before move-in.

4. LATE FEE:

Rent paid after the 1st day of each month will be deemed as late; and if rent is not paid within _____ days after such due date, Tenant agrees to pay a late charge of \$_____.

5. UTILITIES:

Tenant is responsible for payment of all utility and other services for the dwelling.

6. SECURITY DEPOSIT:

Tenants hereby agree to pay a security deposit of \$_____ to be refunded upon vacating, returning the keys to the Landlord and termination of this contract according to other terms herein agreed. This deposit will be held to cover any possible damage to the property.

_____ Landlord Signature	_____ Landlord Full Name	_____ Date
_____ Tenant Signature	_____ Tenant Full Name	_____ Date
_____ Guarantor Signature	_____ Guarantor Full Name	_____ Date

Product Information Sheet



EZ CLEAN KITCHEN CLEANER



Poisonous

**Fatal if swallowed
Causes skin irritation**

**Wear protective gloves
Wash hands after use
Do not eat or drink product.**

**If Swallowed:
Call POISON CONTROL CENTER or doctor.**

Store in a locked area

Cleaning Supply Company

123-456-7890

Medical Information



MEDICAL EMERGENCY ID CARD



Personal Information

Name: _____

Street: _____

City/State/ZIP: _____
(City/Province/Postal)

Phone: _____

Health Card/Insurance #: _____

In Case of Emergency notify:

Name: _____

Phone: _____

Front

Doctor: _____

Doctor Phone: _____

Current Medical Condition: _____

Allergies: _____

Medications: _____

Blood Type: _____

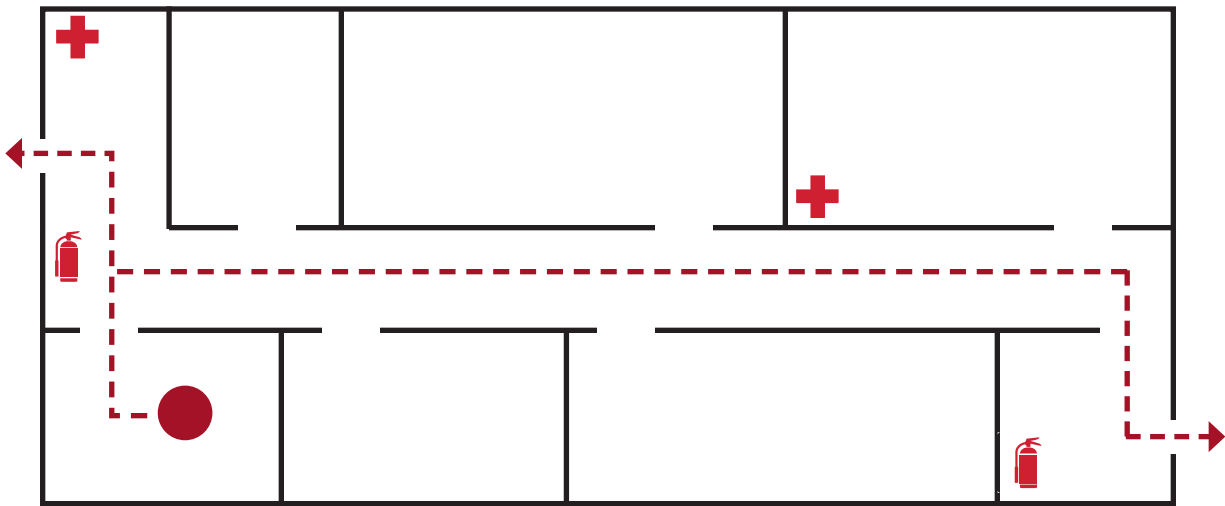
Other: _____

Back


Fire Routes



EVACUATION PLAN



**IN CASE OF FIRE USE STAIRS FOR EXIT.
DO NOT USE ELEVATOR**

 YOU ARE HERE

 FIRE EXTINGUISHER

 EVACUATION ROUTE

 FIRST AID KIT

EMERGENCY PHONE NO. - 911

Bus Map

DDOT FARES AND TRANSIT PASSES

DDOT Fares

Adult Base Fare	\$1.50
Student* with DDOT Student ID	\$0.75
Transfer	\$0.25
Senior (65 & older) & Disabled with appropriate ID**	\$0.50
Inbound Central Business District Fare	\$0.50
Medicare Cardholder	\$0.75
Transfer	\$0.10

Children (under 44" tall)

Limit three w/paid adult fare **NO CHARGE**

Transit Passes

GoPass

Monthly	\$47.00
Biweekly	\$27.50
Weekly	\$14.40
Senior/Disabled Monthly GoPass**	\$17.00

Five Day Pass	\$14.00
Ten Dollar Value Card	\$10.00

DDOT/SMART Regional Monthly Pass \$49.50

DDOT Student I.D. Card*	\$2.00
DDOT Semester Pass	\$136.50

*To purchase a DDOT student I.D. card, one of the following items is needed: A current official document from your school, a letter of current enrollment on school letterhead, a current school identification, or a current year report card.

**To receive the discounted fare, eligible senior and disabled passengers must swipe their DDOT Special Fares ID Card or a state ID with visual impairment designation.

Download the **FREE**
DDOT Bus App today!

Download the
"DDOT Bus
App" in your App
Store or on
Google Play for
real-time route
and trip planning
information.



www.RideDetroitTransit.com

Route

14

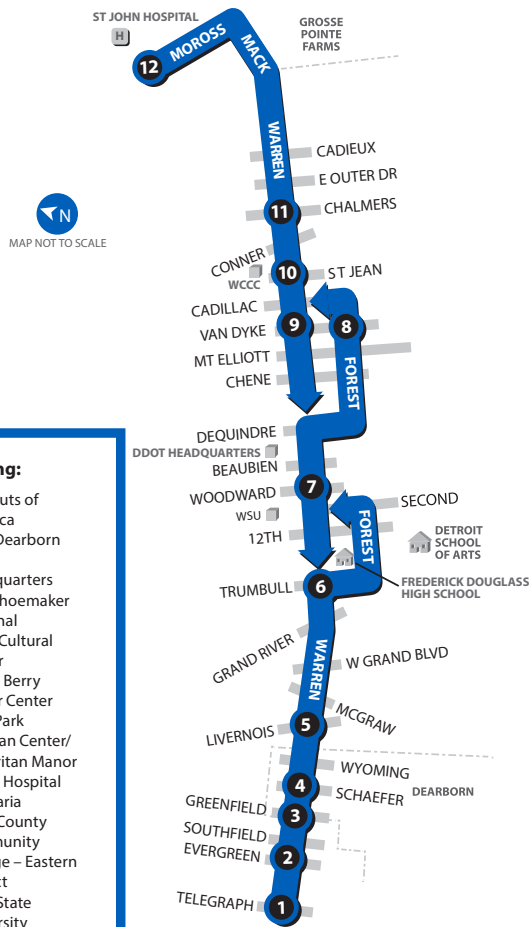
Crosstown

Monday-Friday

Updated April 24, 2017



City of Detroit
Department of Transportation



Serving:

Boy Scouts of America
City of Dearborn
DDOT
Headquarters
DDOT Shoemaker Terminal
Detroit Cultural Center
Michael Berry Career Center
Rouge Park
Samaritan Center/
Samaritan Manor
St. John Hospital
Vista Maria
Wayne County Community College - Eastern District
Wayne State University

- School
- Landmark
- Cross Street
- City Limit
- Alternate Routing



Sample Electric Bill



At Home Electric Company

ACCOUNT NUMBER

1234 5678 9100

Details of your Electric Charges:

Service to:
CUSTOMER
456 MAIN STREET

Residential Service - Service number 1234 5678 9100
Electricity you used this period

Your electric bill for the period
March 30 to April 29

Total amount due by May 22,
\$138.07

Meter Number Energy Type	Current Reading	Previous Reading	Difference	Total Usage
80568070	Apr 29	Mar 30		
Usage (kWh)	09580	091787	793	793
	(actual)	(actual)		

Your next meter reading is scheduled for May 31

Electric Summary

Balance from your last bill	\$145.24
Payment Apr 1	\$100.00-
Payment Apr 15	\$45.24-
Total Payments	\$145.24-
Electric Charges (Residential Heating)	\$138.07
New electric charges	\$138.07

Return this stub in the envelope provided with a check payable to At Home Electric Company.

You can pay your bill online at:
www.athomeelectric.com

To pay by Debit or Credit Card call
1-800-123-4567

