



RENT RECEIPT

AREA HEALTH EDUCATION CENTER

UNIVERSITY OF KENTUCKY

Received from _____
STUDENT/RESIDENT

Today's Date _____

Rotation Dates/Location _____

Amount Paid to Lessee _____

LESSEE (Person Providing Housing)

LESSEE ADDRESS (Street, City, State, Zip)

LESSEE TELEPHONE #

NOTE: The funds supplied by AHEC for rent are state money and any misuse is fraud. Any unused rent money must be returned to the AHEC office. NO RENT IS ALLOWED IF A STUDENT OR RESIDENT STAYS WITH PARENTS OR RELATIVES.

I AFFIRM THAT I HAVE RECEIVED THESE FUNDS AS RENT FROM THE STUDENT/RESIDENT.

LESSEE SIGNATURE

I AFFIRM THAT I HAVE PAID THESE FUNDS AS RENT TO THE LESSEE.

STUDENT/RESIDENT