

NOTICE OF AVAILABLE UNIT**I have the following unit available for rent to Section 8 Voucher holders:**

Unit Address: _____ Date: _____

City, State, Zip: _____

Year Constructed _____

Square Feet: _____

Number of bedrooms: _____

Number of bathrooms: _____

Proposed Rent: _____

Date Unit Available: _____

Check below the utilities include in the rent:

<input type="checkbox"/> Heat:	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Bottled gas	<input type="checkbox"/> Oil/Electric	<input type="checkbox"/> Coal/other
<input type="checkbox"/> Cooking:	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Bottled gas	<input type="checkbox"/> Oil/Electric	<input type="checkbox"/> Coal/other
<input type="checkbox"/> Hot Water:	<input type="checkbox"/> Natural gas	<input type="checkbox"/> Bottled gas	<input type="checkbox"/> Oil/Electric	<input type="checkbox"/> Coal/other
<input type="checkbox"/> Water:	<input type="checkbox"/> Sewer	<input type="checkbox"/> Trash	<input type="checkbox"/> Other electric (lights, etc.)	
<input type="checkbox"/> Cable TV:				

The unit ☐ is ☐ is not accessible for person with disabilities.Accessibility modifications ☐ have ☐ have not already been made to the unit.

Distance to: Public transportation _____

Shopping: _____ Schools: _____

Unit is:

<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Garden/Walk-Up/Apt.	<input type="checkbox"/> Elevator/High Rise
<input type="checkbox"/> Semi-Detached/Row House	<input type="checkbox"/> Manufactured Home	

Check any of the following that apply:

☐ carpet ☐ storm window/doors ☐ drapes/mini-blinds/Shades ☐ screen doors ☐ garage
☐ working fireplace ☐ laundry facilities ☐ private patio/deck/balcony/porch ☐ dishwasher ☐ garbage disposal
☐ swimming pool ☐ eating counter/breakfast nook ☐ exercise facility ☐ self-cleaning oven ☐ pantry or
abundant shelving/cabinets ☐ playground/picnic area ☐ microwave ☐ washer/dryer ☐ washer/dryer hookups
☐ pet policy ☐ security personnel ☐ ceiling fans ☐ cable/satellite TV hookup
☐ Other (specify: _____)

How would you rate the overall quality and condition of this unit?

☐ Below Average ☐ Average ☐ Above Average ☐ Excellent

Contact Name: _____

☐ Owner☐ Property Manger

Address: _____

Contact #: _____

This unit will be removed from the listing after 90 days