

PROPERTY AVAILABLE FOR RENT

HOUSING COMMISSION LEASED HOUSING PROGRAMS

Address of Property: _____

Type of Program Interest: HCV RAP HOP SHP

Number of Bedrooms: 1 2 3 4 5

Owner Supply Utilities? Yes No

Amount of Rent? \$ _____

Security Deposit? \$ _____

Type of Unit? Townhouse Duplex Single Home

Condo Trailer Apartment

Other: _____

Amenities: Wash/dryer Pool/Fitness Range

Refrigerator w/w carpet Storage

Playground Parking Near Schools

Near Stores Near Bus/Train/Metro

Utilities: Heat: Electric Gas Oil

Water: Owner Pay Resident Pay

Owner Contact: Name: _____

Home: _____ Work: _____

Cell: _____

Date Unit Available: _____