

VACANT APARTMENT LISTING

Date: _____

Unit Address: _____

Type of unit: _____

Number of Bedrooms _____

Number of Bathrooms _____

Asking Amount \$ _____

Is the rent negotiable? _____ **Yes** _____ **No**

What is the most recent rent charged for comparable assisted/unassisted units within the premises or elsewhere? _____

Security Deposit \$ _____

Information on apartment:

Date Available: _____

Handicap Accessible Yes No

Carpet Tile A/C Wall Unit Central Air Tile Hardwood Floors

Appliances: All None Stove Refrigerator Dishwasher

Heating Type: Gas Oil Electric

Does this unit include utilities? Yes No

If yes, which one? Heat Hot Water Electricity Cooking

Coin Laundry on Premises: Yes No

Washer Dryer Washer/Dryer Hookup: Yes No

Garage Fenced in Yard Private Parking Off Street Parking

Pets: Yes No

Contact Person(s) Name: _____

Telephone () _____ Home Work Cell

Telephone () _____ Home Work Cell

**WE RESERVE THE RIGHT NOT TO LIST UNITS THAT CANNOT BE APPROVED
WITHIN THE PROGRAM GUIDELINES.**