



VACANT UNIT FOR RENT

Date: _____

Rental **Address:** _____

City: _____ Major Cross Streets: _____

Is this property located outside areas of poverty or minority concentration? ☐ Yes ☐ No

Do you accept the Section 8 Housing Choice Voucher? ☐ Yes ☐ No

☐ House ☐ Duplex/Four-plex ☐ Apartment ☐ Flat – Upper/Lower ☐ Townhouse

No. of **Bedrooms:** _____ No. of Bathrooms: _____ Square footage: _____

Pets allowed in unit? ☐ Yes ☐ No ☐ Negotiable _____

This unit includes the following checked items:

- | | | |
|--|--|--|
| <input type="checkbox"/> stove | <input type="checkbox"/> washer | <input type="checkbox"/> A/C central |
| <input type="checkbox"/> refrigerator | <input type="checkbox"/> dryer | <input type="checkbox"/> A/C wall/window |
| <input type="checkbox"/> microwave | <input type="checkbox"/> blinds/drapes | <input type="checkbox"/> carport |
| <input type="checkbox"/> dishwasher | <input type="checkbox"/> basement | <input type="checkbox"/> shed |
| <input type="checkbox"/> garbage disp | <input type="checkbox"/> fenced yard | <input type="checkbox"/> garage |
| <input type="checkbox"/> private entry | | |

Paid by:

	Tenant	Landlord
Gas	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information:

Monthly Rent: \$ _____ **Security Deposit: \$** _____

Other requested fees (application, cleaning, etc.) \$ _____

Date available for occupancy: _____

Landlord Name: _____

Landlord Phone: _____

Landlord Email or Website _____

NOTE: Be advised that this listing will be removed from the rental book after 30 days, unless you call this office to report that the unit is still available for rent. You may also list this property online at www.gosection8.com.