

LANDLORD LISTING

Date: _____

Unit Address: _____

City: _____ Zip Code: _____ Year Built: _____

Landlord(s) Name (first & last): _____ Phone#: _____

of Bedrooms _____ Bathroom _____ Type of Unit: _____

House _____ 8-Plex _____

Duplex _____ Apartment _____

4-Plex _____ Townhouse _____

6-Plex _____ Condo _____

Are Pets Allowed? _____ Pet Deposit \$ _____

WHAT UTILITIES WILL THE TENANT(S) BE RESPONSIBLE FOR?

Gas _____ Electric _____ Water _____ Trash _____

AMENITIES:

Coin/Card Operated Laundry Facility Yes ___ No ___

Washer/Dryer: Yes ___ No ___

Fenced Yard: Yes ___ No ___

Balcony/Patio/Deck: Yes ___ No ___

Reserved OR Off-Street Parking: _____

Circle those that apply: Carpet/Hardwood Floor/Tile Floor/Vinyl Floor/

Drapes/ Blinds/ Dishwasher/ Garbage Disposal

Garage (# of cars): 1 2 3

Proposed Rent \$ _____ Deposit \$ _____

Date Available: _____

IS THIS PROPERTY HANDICAPPED ACCESSIBLE? Yes _____ No _____