



UNIT AVAILABILITY FORM

Date Listed: _____

Date Available: _____

Unit Address: _____

City, State

Zip Code

Contact Person: Name: _____

Phone: _____

Email: _____

Address: _____

Unit Type (Check One):

Apartment

Townhome

Single Family Home

Duplex

Model Description:

Bedrooms: _____

Bathrooms: _____

Rental Amount: \$ _____

Security Deposit: \$ _____

Handicap Accessible? Yes No

Type of Accessibility: _____

Has the unit ever been rented to HCVP participants? Yes No

Utility Type:

Payment Responsibility:

Heat Gas Electric Oil Owner Tenant

A/C Gas Electric Oil Owner Tenant

Cooking Gas Electric Oil Owner Tenant

Lights Gas Electric Oil Owner Tenant

Water Heat Gas Electric Oil Owner Tenant

Water/Sewer Owner Tenant

Trash Owner Tenant

Amenities (Check all that apply):

A/C

Yes

No

Washer/Dryer

In Unit

In Bldg

On-Site

None

Hook Up

Parking

Driveway

Garage

Lot

Street

Appliances

Range

Microwave

Refrigerator

Dishwasher

Disposal

Other

Cable Ready

Pool

Deck/Porch

Fenced in Yard

Pets Allowed

All listings will expire one (1) month after the available date. Please contact us to extend the date if needed.

