

NOTICE OF AVAILABLE UNIT

UNIT ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TYPE OF DWELLING: _____

YEAR CONSTRUCTED _____ SQUARE FEET _____

NUMBER OF BEDROOMS _____

NUMBER OF BATHS _____

AMOUNT OF RENT _____

WILL IT INCLUDE A STOVE AND REFRIGERATOR? _____

CHECK TYPE OF UTILITY IN HOME:

HEAT: ___ NATURAL GAS ___ BOTTLED GAS ___ ELECTRIC

COOKING: ___ NATURAL GAS ___ BOTTLED GAS ___ ELECTRIC

HOT WATER: ___ NATURAL GAS ___ BOTTLED GAS ___ ELECTRIC

WILL ANY OF THE FOLLOWING UTILITIES BE INCLUDED IN RENT? YES/NO
IF YES PLEASE INDICATE

WATER/SEWER _____ TRACH P/U _____ GAS _____ ELECTRIC _____

IS THE UNIT ACCESIBLE FOR PERSONS WITH DISABILITIES? _____

DIRECTIONS TO UNIT: _____

OWNER OF PROPERTY:

NAME _____

ADDRESS _____

TELEPHONE _____

DATE UNIT WILL BE AVAILABLE _____