

AVAILABLE UNITS LISTING

Contact Information

Property Owner or Agent Name

Company Name

Owner/Agent Telephone Number

Did the Owner/Agent attend a HCVP Owner Certification Class? Yes No
Date of Certification _____

Participating owners/agents are strongly encouraged to attend an HCVP Owner Certification Class to be knowledgeable of program regulations, owner and family program obligations and inspection, lease-up and payment procedures.

Unit Address

Date Available

Unit Information

Housing Type: __ Single Family __ Row/Town House
___ Twin/Duplex __ Garden Apt

Size/Services/Amenities:

# of Bedrooms_____	# of Bathrooms_____
Heat Included?	Yes or No
Water Included?	Yes or No
Sewer Included?	Yes or No
Stove Included?	Yes or No
Refrigerator Included?	Yes or No

Has unit passed HQS inspection in the past? Yes or No

OPEN HOUSE HOURS

Do you want to post a set date and time for prospective tenants to view the property? Yes or No

If yes, please post date(s) and time(s)_____