

Unit Information Form

(To be completed by Landlord/Agent)

Dear Prospective Landlord:

Thank you for your interest in the Section 8 Program. We look forward to working with you in an effort to provide safe, sanitary housing for Section 8 participants.

To place your unit(s) on our housing list, please complete the following information:

OWNER NAME: _____

AGENT NAME: _____

CONTACT NUMBERS: DAY _____ **NIGHT:** _____

1. UNIT ADDRESS: _____

_____ **ZIP CODE** _____

2. DATE LISTED: _____ **DATE AVAILABLE** _____

3. BUILDING TYPE:

- Single Family; Detached Home
- Mobile Home
- One Level Bldg.; Attached Home, 2 or more Apts.,
- Row House, Duplex, Garden Walkup
- Multi-Level Bldg.; Townhouse, Hi-Rise, 2 or more Apts.

Characteristics	Data
4. Unit Condition (Check One)	<input type="checkbox"/> Excellent (Exceeds HQS) Housing Quality Standards <input type="checkbox"/> Good (Meets HQS) <input type="checkbox"/> Fair (Minimum repairs needed) <input type="checkbox"/> Poor (Many repairs needed)
5. Unit Size (Check One)	<input type="checkbox"/> Large (3+ Bedroom Units) <input type="checkbox"/> Medium (2 Bedroom Units) <input type="checkbox"/> Small (1 Bedroom Units)
6. Square Footage (Best Estimate)	
7. Number of Bedrooms	
8. Number of Bathrooms	
9. Unit Age (Check One)	_____ Year Constructed <input type="checkbox"/> 0 – 5 years <input type="checkbox"/> 6 – 20 years <input type="checkbox"/> 21 – 50 years <input type="checkbox"/> 50 + years
9. Owner Provided Amenities:	<input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Central Air <input type="checkbox"/> Window Air Conditioner <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Covererd/Off Street Parking <input type="checkbox"/> Washer/Dryer Hook-Up <input type="checkbox"/> Dishwasher <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Laundry Facilities <input type="checkbox"/> Working Fireplace

**NOTE: Please call (334) 206-7159 to inform us when your unit has been rented. This will help us provide our participants with an accurate updated housing list. This form can be faxed in @ (334) 206-7204.*

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	<input type="checkbox"/> Carpeting <input type="checkbox"/> Refrigerator <input type="checkbox"/> Range <input type="checkbox"/> Cable Ready <input type="checkbox"/> Security System <input type="checkbox"/> Any other Modern Appliance <input type="checkbox"/> Energy Efficient Certified Unit <input type="checkbox"/> Handicap Accessible <input type="checkbox"/> Other: _____
10. Location (Check One)	<input type="checkbox"/> High Rent Area (Most Favorable Community With additional community amenities such as recreational facilities, security systems, modern appliances and etc.) <input type="checkbox"/> Medium Rent Area (Less Favorable than high rent area) Typically an older community and property finishes are good with adequate systems and appliances. <input type="checkbox"/> Low Rental Area. (Much older communities With varying degrees of maintenance)
11. Owner Paid Utilities (Check All that Apply)	<input type="checkbox"/> Heating <input type="checkbox"/> Cooking <input type="checkbox"/> Other Electric <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Water Heating <input type="checkbox"/> Water/Sewage <input type="checkbox"/> Trash Collection <input type="checkbox"/> None
12. Monthly Rent	\$ _____
13. Housing Services	<input type="checkbox"/> Landlord Provided Services <input type="checkbox"/> No Service (Ex. Basic Cable, Transportation for Elderly, Lawn Care, etc.)
14. Maintenance	<input type="checkbox"/> On Site Maintenance <input type="checkbox"/> Off-Site

Completed by: _____
 (Print Landlord/Agent Name)

Signature: _____
 (Landlord/Agent)

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