

HOUSING CHOICE VOUCHER PROGRAM

Unit Availability Listing Form # of Bedrooms _____

E-MAIL TO: hcvlistings@fairfaxcounty.gov

FAX TO: 703-653-1383

OFFICE: 703-246-5280/5290

Visit our web site for other Information

www.fairfaxcounty.gov/rha

Your listing will be removed 60-days after the available date, unless a listing extension is requested by you. Any modifications or extensions to your listing must be requested by fax or e-mail. If you want to "de-list" a unit sooner please call, e-mail or fax our office.

Date unit will be available: _____/_____/_____

Date set for listing removal: _____/_____/_____
(for office use only)

Unit Address: _____
Street Apt/Suite#

City/State/ZipCode: _____
City State Zip Code

Contact Person: _____
Name (print) Email (optional)

Phone: _____/_____
Home # Owner/Agent Contact number # to use

Landlord Address: _____
Street Apt/Suite#

City/State/ZipCode: _____
City State Zip Code

Unit Type (Check one): Studio (S) Apartment (A) Condo (C) Townhouse (TH) House (SFH)
 Row House (RH) Duplex (D) Triplex (T) Manufactured Home (MFH)

of Bathrooms _____ Asking Rent \$ _____

PRIMARY source of heating: Electric Gas Oil Wood Other _____

Amenities: (Check all that apply, use the additional comment section to add any additional information):

| <u>HVAC unit</u> | <u>Washer/Dryer</u> | <u>Parking</u> | <u>Appliances Included</u> | <u>Other Amenities Included</u> |
|------------------------------|----------------------------------|---------------------------------------|--|--|
| Yes <input type="checkbox"/> | In Unit <input type="checkbox"/> | Driveway <input type="checkbox"/> (D) | Cooking Range <input type="checkbox"/> (R) | <input type="checkbox"/> Cable Ready (CR) <input type="checkbox"/> Fitness Center (FC) |
| No <input type="checkbox"/> | In Bldg <input type="checkbox"/> | Carport <input type="checkbox"/> (C) | Refrigerator <input type="checkbox"/> (RF) | <input type="checkbox"/> Upper Deck (UD) <input type="checkbox"/> Fenced Yard (FY) |
| | On Site <input type="checkbox"/> | Lot <input type="checkbox"/> (L) | Dishwasher <input type="checkbox"/> (DW) | <input type="checkbox"/> Patio (PT) <input type="checkbox"/> Play Ground (PG) |
| | | Street <input type="checkbox"/> (S) | Disposal <input type="checkbox"/> (D) | <input type="checkbox"/> Porch (PO) <input type="checkbox"/> Tennis Court (TC) |
| | | Garage <input type="checkbox"/> (G) | Microwave <input type="checkbox"/> (M) | <input type="checkbox"/> Pool (P) <input type="checkbox"/> Pets Allowed (PA) |
| | | | | <input type="checkbox"/> Fire Place (FP) |

Utilities: (Mark "O" if the "Owner/HOA" provides or pays the utilities): (Mark "T" if "Tenant" is billed):

»»»»»»»»»» Electric Gas Oil Water Trash Other _____ ««««««««««

Will the Unit be shared: Yes No **Is the Unit Disability Accessible?** (check one) Yes No

Is the unit located close to transportation? (check one) Yes No If "Yes" what bus route or metro station is available?: _____

Additional Comments: _____

Year Built _____