Choice Voucher Program
Unit Availability Form

Date Listed: _____/_____/_____ **Date Available to Rent:** _____/_____/_____

Unit Address: _____
Unit Street Apt or Suite

City/St/Zip: _____
City State Zip Code (9 Digit)

Contact: _____
Name

Address: _____
Unit Street Apt or Suite

City/St/Zip: _____
City State Zip Code (9 Digit)

Phone: _____
Home Work/Other

Unit Type (check one):

___ Apartment ___Townhouse ___Duplex ___Single Family Home
___High-rise ___ End Unit
___ Middle Unit

Year Built _____ **# of Bedrooms** _____ **# of Bathrooms** _____ **Rent $**_____

Handicapped accessible? Yes ___ **No** ___

Utilities (Mark "O" if included in rent, "T" if tenant pays for utility)

___ Heat ___ Trash
___ Water ___ Electricity

Type of Heat (Check one): ___ Electric
___ Gas
___ Oil

Amenities: (Check all that apply)

A/C	Washer/Dryer	Parking	Appliances	Other
__Yes	__ In unit	__ Driveway	__ Range	__Cable TV
__ No	__ In building	__ Garage/Carport	__ Microwave	__ Pool
	__ In Complex	__ Lot	__ Refrigerator	__ Deck/Porch
	__ None	__ Street	__ Dishwasher	__ Fire Place
		__ None	__ Disposal	__ Tennis Court
				__ Fence-in Yard
				__ Pets Allowed

Transportation:

Is the unit close to transportation? ___ **Yes** ___ **No**
If yes, what bus route or metro station?_____

Comments: _____