

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 \$ _____

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

HVAC unit	Washer/Dryer	Parking	Appliances Included	Other Amenities Included	
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)	

PRIMARY HEAT source for Cooking: Electric Gas Fuel Other _____

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

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

Will the Unit be shared: Yes No **Is the Unit Disability Accessible?** Yes No

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

Additional Comments: _____

Year Built _____