

DATE: _____

APARTMENT OPENING

Address: _____

Date Available: _____

Monthly Rent: _____ Security Deposit: _____

Number of Bedrooms: _____ Number of Baths: _____

Off-Street Parking? _____ Garage? _____



Stove



Refrigerator



Washer/Dryer



Section 8



Some Pets OK



Accessibility Features



Senior Housing



No Smoking

Utilities:

Water:

Tenant or Landlord

Electricity:

Tenant or Landlord

Heat:

Tenant or Landlord

Additional Information: _____

Contact Information:

Name: _____

Telephone Number: _____