

Notice of Available Unit

I have the following unit available for rent to Section 8 Voucher holders:

Unit Address _____ Unit # _____

City, State, Zip _____

Year constructed _____ Square feet _____

Number of bedrooms _____

Number of bathrooms _____

Proposed rent _____

Check below the utilities *included* in the rent:

- | | | | | |
|--|--------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Heat: | <input type="checkbox"/> Natural gas | <input type="checkbox"/> Bottled gas | <input type="checkbox"/> Oil/Electric | <input type="checkbox"/> Coal/other |
| <input type="checkbox"/> Cooking: | <input type="checkbox"/> Natural gas | <input type="checkbox"/> Bottled gas | <input type="checkbox"/> Oil/Electric | <input type="checkbox"/> Coal/other |
| <input type="checkbox"/> Hot water: | <input type="checkbox"/> Natural gas | <input type="checkbox"/> Bottled gas | <input type="checkbox"/> Oil/Electric | <input type="checkbox"/> Coal/other |
| <input type="checkbox"/> Water | | | | |
| <input type="checkbox"/> Sewer | | | | |
| <input type="checkbox"/> Trash | | | | |
| <input type="checkbox"/> Other electric (lights, etc.) | | | | |
| <input type="checkbox"/> Cable TV | | | | |

The unit is is not accessible for persons with disabilities.

Accessibility modifications have have not already been made to the unit.

Distance to public transportation _____
shopping _____
schools _____

Please fill out other side also.

Unit is:

- Single Family Detached Garden / Walk-up Elevator / High Rise
 Semi-Detached / Row House Manufactured Home

Check any of the following that apply:

- | | |
|---|--|
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Storm windows/doors |
| <input type="checkbox"/> Drapes/miniblinds/shades | <input type="checkbox"/> Screen doors |
| <input type="checkbox"/> Working fireplace | <input type="checkbox"/> Laundry facilities |
| <input type="checkbox"/> Private patio/deck/balcony/porch | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> On-site parking |
| <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Swimming pool |
| <input type="checkbox"/> Eating counter/breakfast nook | <input type="checkbox"/> Party room |
| <input type="checkbox"/> Pantry or abundant shelving/cabinets | <input type="checkbox"/> Exercise facility |
| <input type="checkbox"/> Self-cleaning oven | <input type="checkbox"/> Playground/picnic area |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Tennis court(s) |
| <input type="checkbox"/> Washer/dryer | <input type="checkbox"/> Pets policy |
| <input type="checkbox"/> Washer/dryer hookups | <input type="checkbox"/> Security personnel |
| <input type="checkbox"/> Security screen doors | <input type="checkbox"/> On-site management |
| <input type="checkbox"/> Ceiling fans | <input type="checkbox"/> Social services/medical personnel |
| <input type="checkbox"/> Cable/satellite TV hookup | <input type="checkbox"/> Other (specify) _____ |

How would you rate the overall quality and condition of this unit?

- Below average Average Above Average Excellent

Contact name: _____ Phone # _____

- owner property manager

VILLAGE OF OSSINING
SECTION 8 PROGRAM
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