

SECTION 8 RENTAL BOOK

AVAILABLE UNIT FOR RENT

TYPE OF RENTAL UNIT

HOUSE _____ APARTMENT _____ TWNHS/DPLX _____ MOBILE _____

Rent Amount: _____ Security Deposit: _____

APARTMENT COMPLEX NAME (IF APPLICABLE)

ADDRESS OF RENTAL UNIT: _____

Bedrooms: _____ Bath(s): _____

Amenities: *(check all that apply)*

Dishwasher: _____ Microwave: _____ W/D Hook up: _____

Range: _____ Cable Ready: _____ Balcony/Patio: _____

Refrigerator: _____ Air Conditioned: _____ Heating: _____

Other Information Regarding Unit (Specify): _____

Special Provisions (*circle one*): No Pets Assigned Parking No Smoking Unit

Other (specify): _____

Contact: _____ Phone#: _____

Between the hours of: _____ to _____

AD WILL BE REMOVED AFTER 90 DAYS UNLESS OCHA SECTION 8 IS NOTIFIED OTHERWISE

OFFICE USE ONLY

DATE SUBMITTED:

FAX # 919-644-3056/919-989-3018