



**Central Virginia Housing Coalition
2300 Charles Street
Fredericksburg, VA 22401**

Phone: (540) 604-9943 Fax: (540) 604-9949



EQUAL HOUSING
OPPORTUNITY

Unit Availability Form

Date Listed: _____ Date Available: _____

Unit Address: _____

City State Zip

Contact Person: _____

Name Phone

Address City, State, Zip

Unit Type (check one):

- | | | |
|---|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Townhouse | <input type="checkbox"/> Condo |
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Senior |

Model Description: _____ # Bedrooms _____ # Bathrooms

Rental Amount: \$ _____ Security Deposit: \$ _____

Handicap Accessible? Yes No

Type of Accessibility: _____

Has the unit ever been rented to HCVP participants? Yes No

	<u>Please ✓ Utility Type:</u>			<u>Please ✓ Payment Responsibility:</u>	
Heat	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
A/C	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Cooking	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Lights	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Water Heat	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Water/Sewer	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Trash	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant

Amenities: (Check all that apply)

<u>A/C</u>	<u>Washer/Dryer</u>	<u>Parking</u>	<u>Appliances</u>	<u>Other</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> In Unit	<input type="checkbox"/> Driveway	<input type="checkbox"/> Range	<input type="checkbox"/> Cable Ready
<input type="checkbox"/> No	<input type="checkbox"/> In Bldg	<input type="checkbox"/> Garage	<input type="checkbox"/> Microwave	<input type="checkbox"/> Pool
	<input type="checkbox"/> On Site	<input type="checkbox"/> Lot	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Deck/Porch
	<input type="checkbox"/> None	<input type="checkbox"/> Street	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Fireplace
		<input type="checkbox"/> None	<input type="checkbox"/> Disposal	<input type="checkbox"/> Tennis Court
				<input type="checkbox"/> Fenced In Yard
				<input type="checkbox"/> Pets Allowed

All listings will expire 1 month after the available date. Please contact or fax our office, prior to expiration if you would like to extend this date.