



# GEORGETOWN HOUSING AUTHORITY

## Housing Choice Voucher (HCV) Property Listing/Renewal Form

Date Available: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_  
Street City ZIP code

# Of Bedrooms: \_\_\_\_\_ # of Bathrooms: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_ Deposit: \_\_\_\_\_

Terms of Deposit: \_\_\_\_\_

### Please circle all that apply

<u>Type of Unit</u>	<u>Appliances</u>	<u>Utilities</u>	<u>Other</u>
House	Heating <b>E G</b>	all electric	1 car garage
Apartment	Cooking <b>E G</b>	electric/gas	2 car garage
Duplex	Water Heating <b>E G</b>		covered parking
4-plex	Refrigerator		off street parking
Condo/town home	dishwasher		W/D connections
Manuf. Home	garbage disposal		gated community
Utilities paid by <b>owner</b>	ALL electric gas water sewer trash other_____		
Utilities paid by <b>tenant</b>	ALL electric gas water sewer trash other_____		

Additional information about unit:

\_\_\_\_\_  
\_\_\_\_\_

**Pets allowed** Cats **Y N** Dogs **Y N** Deposit **Y N** Amt. \$ \_\_\_\_\_

Terms of Deposit: \_\_\_\_\_

Current or Previous (HCV) Landlord **Y N** **Wheelchair access** **Y N**

New landlords may be asked to attend a brief overview of program guidelines at the time of Housing Assistance Payment contract signing (after property is leased).

**This property will be dropped after six (6) months unless renewed in writing**