



*If you would like to list a property,
please fax this form to 1-866-265-7811*

or call 1-877-428-8844,
toll free, for immediate assistance

Please print legibly

Owner/Landlord First Name: _____ Last Name: _____

Contact Number: _____ Alternate Number: _____

Rental Property Address: _____ Apt #: _____

City: _____ ZIP Code: _____

Number of Bedrooms: _____ Number of Bathrooms: _____

Monthly Rent Desired: _____ Security Deposit: _____ Date Property Is Available: _____

Building Type (apartment, house, duplex, etc.): _____ Year Built: _____

(Circle one) Is the Heating Type **Gas** or **Electric**? (Circle one) Is the Water Heater **Gas** or **Electric**?

(Circle all that apply) Appliances Included: **Stove (gas or electric)** **Refrigerator** **Dishwasher** **Microwave**

Comments: