

UNIT AVAILABLE AS OF _____

bedrooms _____

baths _____

- Apartment in a complex
- Duplex
- Single family home

- Apartment in a house
- Townhouse
- Other _____

Rent: \$ _____

Security Deposit: \$ _____

Address: _____

AMENITIES

- | | | |
|------------------------------------------------------|----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Balcony | <input type="checkbox"/> Close to Expressway |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Garage | <input type="checkbox"/> Washer/Dryer no charge |
| <input type="checkbox"/> Central Air/Air Conditioner | <input type="checkbox"/> Carport | <input type="checkbox"/> Washer/Dryer extra charge |
| <input type="checkbox"/> Curtains/Blinds | <input type="checkbox"/> Basement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hardwood Floors | <input type="checkbox"/> Extra Storage | _____ |
| <input type="checkbox"/> Carpeting throughout | <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Close to Bus line | _____ |
| | <input type="checkbox"/> Close to shopping | _____ |
| <input type="checkbox"/> Porch | | |
- School District _____

LANDLORD WILL SUPPLY:

- | | | |
|------------------------------------------|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Gas Stove | <input type="checkbox"/> Gas for Hot Water | <input type="checkbox"/> Water and Sewer |
| <input type="checkbox"/> Electric Stove | <input type="checkbox"/> All Electricity | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Electric heat | <input type="checkbox"/> Lawn Care |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Electricity for cooking | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> All Gas | <input type="checkbox"/> Electricity for Hot Water | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gas heat | | _____ |
| <input type="checkbox"/> Gas for cooking | | _____ |

Contact Name _____

Contact Number _____

Hours to call _____

Posted for 14 days - MUST indicate date for longer post period

Received by _____

Post Until _____