

FALL RIVER HOUSING AUTHORITY
LEASED HOUSING DEPARTMENT
P.O. BOX 989
FALL RIVER, MASSACHUSETTS 02722

Telephone 508-675-3595
Fax 508-675-3435

LANDLORD CONTACT INFORMATION

*First Name: _____
*Last Name: _____
Company: _____
*Email: _____
*Primary Telephone Number: (____) _____
Alternate Telephone Number: (____) _____

PROPERTY LOCATION (STEP 1)

*Address: _____

Unit Number: _____
*City: _____ *State: _____
*Zip: _____
County: _____

PROPERTY INFORMATION (STEP 2)

*Rent Amount: \$ _____	*Security Deposit: \$ _____ <input type="checkbox"/> Negotiable	*Bedrooms: _____ *Baths: _____	*Date Available: ____/____/____	*Square Footage: _____ *Yr Built: _____	Pets Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No Lot Size: _____
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*Property Type: ☐ House ☐ Townhouse/Villa ☐ Older multi ☐ Condo ☐ Mobile Home ☐ Row House ☐ Duplex ☒ 2 family, Apt complex
(Choose one)

AMENITIES AND ACCESSIBILITY (STEP 3)

Indoor: <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Furnished <input type="checkbox"/> Fireplace <input type="checkbox"/> Cable Included <input type="checkbox"/> Security System	Laundry Type: <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Washer/Dryer	Heat Type: <input type="checkbox"/> Baseboard <input type="checkbox"/> Space <input type="checkbox"/> Boiler <input type="checkbox"/> Central <input type="checkbox"/> Heat Pump <input type="checkbox"/> None <input type="checkbox"/> Radiator <input type="checkbox"/> Window/Wall	Kitchen: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave	Outdoor: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Lawn Care Included <input type="checkbox"/> Trash Removal Included <input type="checkbox"/> Fenced Yard	
Parking: <input type="checkbox"/> 1 Car Carport <input type="checkbox"/> Unassigned <input type="checkbox"/> 2 Car Carport <input type="checkbox"/> Assigned <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> Driveway <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Street <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> None	Exterior: <input type="checkbox"/> Balcony <input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Porch	Other: <input type="checkbox"/> Age Restricted <input type="checkbox"/> Pest Control Included	Utilities: (Electric Paid By) <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Heating Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Heating Fuel Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Water Type: <input type="checkbox"/> Well Water <input type="checkbox"/> Tenant <input type="checkbox"/> City Water <input type="checkbox"/> Owner	Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Hot Water Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Hot Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooking Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Cooking Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Sewer Type: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Tenant <input type="checkbox"/> Public Sewer <input type="checkbox"/> Owner	Sewer Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooling Type: <input type="checkbox"/> Central <input type="checkbox"/> Tenant <input type="checkbox"/> None <input type="checkbox"/> Owner <input type="checkbox"/> Window/Wall	Cooling Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Accessibility: <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____ _____	