

# HOUSING AUTHORITY OF LANCASTER

3502 Caroline Courts – P.O. Box 1235  
LANCASTER, SOUTH CAROLINA 29721  
VOICE/TDD (803) 285-7214 - FAX (803) 283-2049

OFFICE USE ONLY:

Property Number

## HCV PROSPECTIVE HOUSING FORM

Please complete the **shaded areas** of this form to place your house on the Housing Authority of Lancaster's Landlord Listing and return to the office. Please **PRINT**.

Payment To:  Owner  Manager (additional form required)

Property Owner's Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street/P. O. Box City State Zip

Contact Numbers: \_\_\_\_\_ -Home \_\_\_\_\_ -Office \_\_\_\_\_ -Other

### **If someone other than the property owner will be managing this property complete below:**

Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street/P. O. Box City State Zip

Contact Numbers: \_\_\_\_\_ -Home \_\_\_\_\_ -Office \_\_\_\_\_ -Other

Real Estate License: \_\_\_\_\_

### **Property Information:**

Property Address: \_\_\_\_\_  
Street City State Zip

Year Constructed: \_\_\_\_\_ Last Year Remodeled: \_\_\_\_\_ Square Footage: \_\_\_\_\_

City Limits or  County #Bedrooms: \_\_\_\_\_ #Bathrooms: \_\_\_\_\_ Available:  Stove  Refrigerator

Type House:  Single Family Detached  Semi-Detached (Duplex)  Row/Townhouse  Low-Rise Apt.

High Rise Apt. w/Elevator  Manufactured Home

Type Heating: \_\_\_\_\_ Water Heater:  Gas  Electric Cooking:  Gas  Electric

Does property contains any of the following amenities? (✓):  Garage/Parking Facilities  Driveway  
 Large Yard  Balcony/Deck/Patio  Large Closets  Hardwood Floors  Fireplace  W/W Carpet  
 Eating Counter/Breakfast Nook  Abundant Countertop Space  Dishwasher  Double Sink<sub>(Kitchen)</sub>  
 Modern Appliances  Oven (Double/Self-Cleaning)  Pantry/Abundant Shelving  Microwave  
 Garbage Disposal  Glass Door-Shower/Tub  Double Sink<sub>(Bathroom)</sub>  Garden Tub  Walk-In Shower  
 Special Feature Showerhead  Storm Doors  Storm Windows  Unit is handicap accessible/equipped  
 Exceptional size relative to family need- specify room(s): \_\_\_\_\_

Other Extras: \_\_\_\_\_

Date property available for renting: \_\_\_\_\_

Amount of Rent: \$ \_\_\_\_\_ Amount of Security Deposit: \$ \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HOUSING AUTHORITY OF LANCASTER USE ONLY

Property Verified By: \_\_\_\_\_ Neighborhood \_\_\_\_\_ Property Entered:  Yes  No By: \_\_\_\_\_

Vendor:  Existing or  New W-9 Received By: \_\_\_\_\_ Vendor Entered: \_\_\_\_\_

Landlord Listing:  Existing  Yes  No By: \_\_\_\_\_

Rent Reasonable Performed Date: \_\_\_\_\_ By: \_\_\_\_\_  Comparable  Adjustment Authorized \_\_\_\_\_