HOUSING AUTHORITY OF LANCASTER

3502 Caroline Courts – P.O. Box 1235 LANCASTER, SOUTH CAROLINA 29721 PHONE (803) 285-7214 - FAX (803) 283-2049 **OFFICE USE ONLY:**

Property Number

HCV PROSPECTIVE HOUSING FORM

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

Property Owner's Name:				
	rst	Middle	Last	
Mailing Address:		<u> </u>	04-4-	7:
Street/P. O. Box		City	State	Zip
Contact Numbers:	Home	Off	fice	Other
Email Address:				
If someone other than the prope	rty owner will be	managing this property	complete below:	
Name:				
First	Middle		Last	
Mailing Address: Street/P. O. Box		City	State	Zip
Contact Numbers:		-		•
Real Estate License:				
_		_		
Payment To: D Manager (addit	ional form require	d) 🛛 Owner		
Property Information:				
Property Address:				
Street		City	State	Zip
Year Constructed:	_ Last Year Re	modeled:	Square Footage:	
City Limits or County #1	Bedrooms:	#Bathrooms:	Available: Stove	Refrigerator
Type House: Single Family Deta	_	-	wnhouse DLow-Rise	Apt.
Type Heating:	Water He	ater: 🛛 Gas 🗖 Electric	Cooking: 🗖 Gas 🗖	Electric
Neighborhood: 🗖 Residential	Mixed (Comm	ercial/Residential)	lustrial 🗖 Rural	
Please complete the attached Am	enities Checklist	for this property.		
Date property available for rentin	ıg:			
Amount of Rent: \$	·	Amount of Security Depo	osit: \$	
Owner's Signature:			Date:	
HOUSI	NG AUTHORIT	Y OF LANCASTER US	SE ONLY	
Property Verified By:				
Property Entered: Yes No B	-	-	-	-
Vendor: Existing or New	-			
Rent Reasonable Performed Date: By: Comparable □Adjustment Authorized				