



HOC Landlord Property Listing Form

Please complete and return to HOCLANDLORD@HOCMC.ORG

Owner/Landlord Name:	
Phone Number:	Email:
Requested Date of Listing:	Requested Date of Listing Removal:
Street Address:	
City:	State: Zip:
Date of Unit Availability Bedroom Size	
# of Bathrooms	Sq Ft
Contract Rent: Security D	eposit: Application: Fee

Tenant Paid Utilities:

Cooking	Gas/Electric/Oil
Heat	Gas/Electric/Oil
Water	
Hot Water	Gas/Electric
Air Condition	
Lights	
Trash	
Sewer	
Parking	Yes/No

Amenities:

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Pets Allowed	Yes/No
Pool	
Washer/Dryer	
Laundry Room	
Near Metro	
Near Bus	
Finished	
Basement	
Other	

