## **GoSection8.com Property Listing Form**

To add or modify a listing please complete this form and fax to (561) 416-9848 and the below 30 day free listing will be added to your Housing Authority's list and to <a href="https://www.GOsection8.com">www.GOsection8.com</a> national online database. PLEASE PRINT CLEARLY

Your Contact Info	ormation (	Your person	al address wil	I not b	e ava	ilable to	renters)			
*First Name:							ast Name:			
Company:										
*Best Contact Pho	ne Number:									
*Address:					*City:				*State:	
*Zip Code: Email:						(A Confirmation will be sent to you via email when the property is listed)				
The Address Of	The Unit Yo	ou Want To	List or Edit							
*Address: Unit Number:										
*City:			*County:					*State:	*Zip C	ode:
Unit Description										
*Property Type:  ☐ House ☐ Townhouse/Villa ☐ Apartment ☐ Condo ☐ Mobile Home ☐ Row House ☐ Duplex ☐ Triplex ☐ 4Plex		*Bedrooms:			*Date	Unit Available:	☐ 1 Car Garage ☐ 2 Car G		□2 Car Carport □ 2 Car Garage □ Unassigned □ None	
*Rent Amount: \$	*Security E \$		*Year Built:		*Squ	are Fee	t:	*Exterior:  Balcony Porch	☐ Deck ☐ Pat	io
☐ "55+" (age restricted) ☐ Sec			urity System			☐ Po	Pool		☐ Onsite Laundry	
☐ Modified for Sight Impaired ☐ Fe			ced Yard			☐ Ce	Ceiling Fans		☐ Pets Allowed	
☐ Modified for Hearing Impaired ☐ Ga			ed Community $\Box$			☐ Fir	eplace			
*Mark Appliances Included:							☐ Microwave		☐ Garbage Disposal	
		☐ Drye	er 🗖	Dishwa			☐ Refrigerator		□ W/D Hook-	ups
*Heat Style: □Central □ Furnad □ Baseboard □Nd	ı/Wall	*Heat Type /all □Gas □E			*Heating Fuel Paid By:		☐ Tenant ☐ Owner			
*Cooling (A/C Electric) Type:			□ Central □ None	☐ Window/V		/Wall	*Cooling Paid By:		☐ Tenant ☐ Owner	
*Hot Water Type:			☐ Gas	☐ Electric			*Water Heating Paid By:		☐ Tenant ☐ Owner	
*Cooking Type:			☐ Gas	☐ Electric			*Cooking Paid B	sy:	☐ Tenant ☐	Owner
*Sewer Type:			Septic Tank 🔲 Pubic S		ubic S	ewer *Sewer Paid By:			☐ Tenant ☐	Owner
*Water Type:			☐ Well Water ☐ City V		City Wa	ater *Water Paid By:			☐ Tenant ☐	Owner
		*Trash Paid  Tenant						ntrol Paid By: ☐ Owner		

## It is not necessary to return this page if no handicap features are checked off.

Accessibility Features for Persons with Disabilities  District Accessible path of travel to and Disabilities  District Accessible path of travel to and Disabilities								
☐ Site: Accessible path of travel to and within the unit	☐ Lowered functional controls (electrical, telephone, thermostat, etc.)	☐ Lever type door handles, latches and locks						
☐ Accessible appliances (self cleaning oven and front mounted stove controls)	☐ Lowered countertops/cabinetry	☐ Accessible height sink						
☐ Audio/Visual notification device for doorbell	☐ Handheld shower sprayer	☐ Accessible height toilet						
☐ Audio/Visual notification emergency alarm	☐ Grab bars around shower/tub	☐ Grab bars around toilet						
☐ Lever faucet controls on sink and shower/tub	☐ Seat in shower/tub							
☐ Enter Other Type:								

## **GOsection8.com Listing Terms:**

- 1. If you'd like to make changes or cancel a listing, please call us at our toll free number 1-866-466-7328
- 2. Please do not list a general address such as a club house or leasing office to an apartment community. All vacancies should be listed separately showing the individual apartment number.
- 3. GOsection8.com reserves the right to remove inappropriate listings.
- 4. For the benefit of your local housing authority, you will be required to disclose additional lease information when closing out a listing including lease date, rent amount and your Section 8 tenant's name if applicable.
- 5. You will receive a confirmation via email once your property has been listed. Please be sure to include an email address if you wish to receive a confirmation when unit is listed.
- 6. Listing submitted with incomplete required fields will not be entered. "\*" = required field.