

# HOUSING AUTHORITY OF THE CITY OF BASTROP

P. O. Box 707, 502 Farm Street, Bastrop, Texas 78602  
PH:512-321-3398 TTY:800-735-2989 (800-RELAY TX) FAX: 512-303-0568

**Please indicate how you want this information used. (Use separate forms if you own more than one unit)**

## RENTAL LISTING

I am interested in participating in the Section 8 Housing Choice Voucher (HCV) Program as a landlord. I understand that I may be contacted about prospective tenants. Currently Occupied

Available on \_\_\_\_\_

\*\*\*\*\*  
UNIT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Year Built: \_\_\_\_\_ If exact date is unknown, please indicate Pre-1978 Post 1978  
Monthly Rent \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_ Application Fee, if any \$ \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

## RENTAL STUDY

I am NOT interested in participating in the HCV Program as a landlord. Information provided is for comparability to establish rent reasonableness under the program. I do not want to be contacted by prospective tenants.

## PLEASE CHECK ALL THAT APPLY

<u>TYPE OF UNIT</u>	<u>APPLIANCES</u>	<u>UTILITIES</u>	<u>OTHER AMENITIES</u>
House	Refrigerator	All Electric	Garage
Apartment	Stove	Electric/Gas	Covered Parking
Duplex	Dishwasher	Electric/Propane	Gated Community
4-Plex	Washer	W/D Connection	Storage Facilities
Condo	Dryer	Sewer	Additional LR
2Story/Townhouse	Central Air/Heat	Septic System	Fenced Yard
MManufactured Home	Garbage Disposal		Large Lot or Acreage

Utilities paid by OWNER: All Electricity Gas Water Sewer Trash Other

Utilities paid by TENANT: All Electricity Gas Water Sewer Trash Other

## ACCESSIBILITY

Does the unit meet ADA accessibility requirements? Yes No

If not, can the unit be accessed with a wheelchair? Yes No

## PETS

Do you allow Pets? Yes Indoors Outdoors Only No Pets Allowed

Amount of Pet Deposit: \$ \_\_\_\_\_ Pet deposit is: Refundable Non Refundable

Please indicate any pet restrictions (such as size, type, etc.): \_\_\_\_\_

\_\_\_\_\_

Additional Information you would like to include about Unit: \_\_\_\_\_

\_\_\_\_\_

If rural, please give directions: \_\_\_\_\_

\_\_\_\_\_

Person to contact about unit: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Texas Zip: \_\_\_\_\_

*Bastrop Housing Authority does not discriminate against persons on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*