

Bossier Parish Section 8 Housing Authority Property Listing Form

Owner: _____ Date: _____

Unit Address: _____

Unit City, State Zip: _____

Owner Address: _____ Phone: _____

Owner City, State Zip: _____ Email: _____

Unit	Fill out
Bedrooms	
Contract Rent	
Year Built	
Square Feet	

Utilities Paid	Check if Applicable
Electric	<input type="checkbox"/>
Gas	<input type="checkbox"/>
Water	<input type="checkbox"/>
Sewer	<input type="checkbox"/>
Trash	<input type="checkbox"/>

Refrigerator	Check if Applicable
Supplied	<input type="checkbox"/>

Range/Stove	Check if Applicable
Supplied	<input type="checkbox"/>

Fuel	Electric	Gas
Stove/Range	<input type="checkbox"/>	<input type="checkbox"/>
Water Heater	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>

Facilities	Check if Applicable
Laundromat	<input type="checkbox"/>
Pool	<input type="checkbox"/>
Public Transportation	<input type="checkbox"/>

Amentities	Check if Applicable
1 1/2 or more baths	<input type="checkbox"/>
Carpet	<input type="checkbox"/>
Carport	<input type="checkbox"/>
Central Air/Heat	<input type="checkbox"/>
Central Heat	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>
Fans (ceiling/attic)	<input type="checkbox"/>
Fenced Yard	<input type="checkbox"/>
Garage	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>
Microwave	<input type="checkbox"/>
Separate Laundry Room	<input type="checkbox"/>
Washer/Dryer	<input type="checkbox"/>
Washer/Dryer Connections	<input type="checkbox"/>
Window A/C	<input type="checkbox"/>
Window Coverings	<input type="checkbox"/>

Unit Types	Check One Only
Single Family Detached	<input type="checkbox"/>
Rowhouse/Townhouse	<input type="checkbox"/>
Duplex	<input type="checkbox"/>
Low Rise 3 or 4 Stories	<input type="checkbox"/>
High Rise 5 Stories & Up	<input type="checkbox"/>
Manufactured Home	<input type="checkbox"/>