**Submit A Landlord Property**Information for each property/complex must be completed and submitted for consideration.

* Required fie	elds				
Name of Prop	perty (if applicable):				
Unit Type*:	☐ Apartment ☐ Single-Family Home ☐ Multiple Single-Family Homes ☐ Duplex ☐ Townhouse				
	☐ Row House ☐ Mobile Home ☐ Other:				
# of Units at I	Location*:				
	dress*:				
		County*:			
City*:		State*:	Zip*:		
Bedrooms*:	Bathrooms*:		Unit Square Feet*:		
For considera	ation in which Housing Authority?*: 🔲 Auburn HA	A 🚨 LaFayette H	A 🔲 Roanoke HA		
Additional Inf	fo:				
Amenities/Re	esources:				
,					
Property Pho	otos Provided:  Building Ext.  Grounds  Unit I	nterior: 🗖 Lv. Roc	om   Kitchen/Dining	☐ Bed ☐ Bath	
	ty being considered for Section 8 / HCV units?:		, ,		
	siness:				
	pperty Contact*:				
	#*: Alternate Phone #:				
	Email: _				
	bsite (if applicable):				
Available for	Rent? ☐ Yes ☐ No Available Date:				
Rent Per Mor	nth: Securit	y Deposit:			

auhaal301.bjm08152017.372