

# CITY OF NIAGARA FALLS, NEW YORK

DEPARTMENT OF COMMUNITY DEVELOPMENT

SECTION 8 LEASED HOUSING PROGRAM

1022 MAIN STREET - PO BOX 69

NIAGARA FALLS, NY 14302

(716) 286-8820

(716) 286-8824 FAX

## Office Use Only:

Date Rec'd: \_\_\_\_\_

Census Tract: \_\_\_\_\_

Utility Allow: \_\_\_\_\_

Computer: \_\_\_\_\_

Rent Book: \_\_\_\_\_

## Available Unit Form

Please complete one form for each unit you own/manage that you wish to list with our office. You may also list any available unit on Assistance Check.

You may photocopy this form if needed.

### UNIT INFORMATION

Address: \_\_\_\_\_

\*Rent: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Date Unit is Available for Rent: \_\_\_\_\_

\*Rent indicated the Market-Rate rent that would be charged if the unit became available today

### UNIT TYPE

- ☐ Single Family      ☐ Row house/Townhouse  
☐ 2/3 Story      ☐ Mobile Home  
☐ Duplex      ☐ Highrise  
☐ Apartment Complex

### LOCALITY

- ☐ Residential      ☐ Commercial  
☐ Rural      ☐ Industrial  
☐ Commercial/Residential

SQ. FT.: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

NUMBER OF BATHROOMS: \_\_\_\_\_

### QUALITY OF UNIT

- ☐ Above Average  
☐ Average  
☐ Below Average

### AMENITIES

- ☐ Balcony, patio, deck, porch  
☐ Driveway, garage, or parking facility  
☐ Good Maintenance of building exterior and grounds  
☐ Large Yard  
☐ Storm and/or Screen doors or windows  
☐ High Quality Floors or Wall Coverings  
☐ Other forms of weatherization  
☐ Working fireplace

### UTILITIES

PAID BY OR PROVIDING APPLIANCE			SOURCE		
	OWNER	TENANT	GAS	OIL	ELECTRIC
HEAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOT WATER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOKING (type of stove)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRIC	<input type="checkbox"/>	<input type="checkbox"/>			
WATER/SEWER	<input type="checkbox"/>	<input type="checkbox"/>			
STOVE	<input type="checkbox"/>	<input type="checkbox"/>			
REFRIGERATOR	<input type="checkbox"/>	<input type="checkbox"/>			

### Miscellaneous

Is this unit handicapped accessible?

YES NO

Is unit occupancy limited to a particular clientele (elderly, disable, etc.)?

YES NO

Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_