

LANDLORD CONTACT INFORMATION

*First Name: _____
 *Last Name: _____
 Company: _____
 *Email: _____
 *Primary Telephone Number: (____) _____
 Alternate Telephone Number: (____) _____

PROPERTY LOCATION (STEP 1)

*Address: _____

 Unit Number: _____
 *City: _____ *State: _____
 *Zip: _____
 County: _____

PROPERTY INFORMATION (STEP 2)

*Rent Amount: \$ _____	*Security Deposit: \$ _____ <input type="checkbox"/> Negotiable	*Bedrooms: ____ *Baths: ____	*Date Available: ____/____/____	*Square Footage: _____ *Yr Built: ____	Pets Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No Lot Size: _____
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*Property Type: House Townhouse/Villa Apartment Condo Mobile Home Row House Duplex Triplex 4Plx
(Check one)

AMENITIES AND ACCESSIBILITY (STEP 3)

Indoor: <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Furnished <input type="checkbox"/> Fireplace <input type="checkbox"/> Cable Included <input type="checkbox"/> Security System	Laundry Type: <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Washer/Dryer	Heat Type: <input type="checkbox"/> Baseboard <input type="checkbox"/> Space <input type="checkbox"/> Boiler <input type="checkbox"/> Central <input type="checkbox"/> Heat Pump <input type="checkbox"/> None <input type="checkbox"/> Radiator <input type="checkbox"/> Window/Wall	Kitchen: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave	Outdoor: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Lawn Care Included <input type="checkbox"/> Trash Removal Included <input type="checkbox"/> Fenced Yard	
Parking: <input type="checkbox"/> 1 Car Carport <input type="checkbox"/> Unassigned <input type="checkbox"/> 2 Car Carport <input type="checkbox"/> Assigned <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> Driveway <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Street <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> None	Exterior: <input type="checkbox"/> Balcony <input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Porch	Other: <input type="checkbox"/> Age Restricted <input type="checkbox"/> Pest Control Included	Utilities: (Electric Paid By) <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Heating Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Heating Fuel Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Water Type: <input type="checkbox"/> Well Water <input type="checkbox"/> City Water	Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Hot Water Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Hot Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooking Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane	Cooking Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
Sewer Type: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public Sewer	Sewer Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooling Type: <input type="checkbox"/> Central <input type="checkbox"/> None <input type="checkbox"/> Window/Wall	Cooling Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Accessibility: <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____ _____	