



Property Listing Form

Please complete each section of this form and submit by clicking the submit button at the top right corner of the page.



<u>Landlord Contact Information</u>			<u>PROPERTY LOCATION</u>						
Name: _____			Street: _____						
Company: _____			City: _____						
*Email: _____			State: _____ Zip: _____						
Primary Phone Number: _____			County: _____						
Alternate Phone Number: _____			Date Available: _____						
*Permission to share email with clients? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<u>Rent Amount:</u> \$ _____	<u>Security Deposit:</u> \$ _____ <input type="checkbox"/> Negotiable	<u>Bedrooms:</u> _____ Full Baths: _____ ½ Baths: _____	<u>Square Footage:</u> _____	<u>Year Built:</u> _____	<u>Pets Allowed?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cats <input type="checkbox"/> Dogs				
<u>Property Type:</u> <input type="checkbox"/> Single-Family <input type="checkbox"/> Double/Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> 4plex <input type="checkbox"/> Walk-up <input type="checkbox"/> High-rise									
<u>Indoor:</u> <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Furnished <input type="checkbox"/> Fireplace <input type="checkbox"/> Cable Included <input type="checkbox"/> Security System		<u>Outdoor:</u> <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Lawn Care Included <input type="checkbox"/> Trash Removal Included		<u>Parking:</u> <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		<u>Laundry Type:</u> <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			
<u>Heat Type:</u> <input type="checkbox"/> Baseboard <input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> Radiator <input type="checkbox"/> Heat Pump		<u>Utilities:</u>							
<u>Kitchen:</u> <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave <input type="checkbox"/> Garbage Disposal		• <u>Heating Fuel:</u> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane		• <u>Water Type:</u> <input type="checkbox"/> City Water <input type="checkbox"/> Well Water		• <u>Hot Water Type:</u> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane		• <u>Cooking Paid By:</u> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
		• <u>Heating Paid By:</u> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner		• <u>Water Paid By:</u> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner		• <u>Hot Water Paid By:</u> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner		• <u>Cooling Type:</u> <input type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> None	
		• <u>Electric Paid By:</u> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner		• <u>Sewer Type:</u> <input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic Tank		• <u>Cooking Fuel Type:</u> <input type="checkbox"/> Gas <input type="checkbox"/> Electric		• <u>Cooling Paid By:</u> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
		• <u>Sewer Paid By:</u> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner							
Other: <input type="checkbox"/> Age Restricted <input type="checkbox"/> Pest Control Included <input type="checkbox"/> _____			Handicap Accessible <input type="checkbox"/> Yes <input type="checkbox"/> No			Accepts clients with: <input type="checkbox"/> Previous Evictions <input type="checkbox"/> Felonies <input type="checkbox"/> Sex offenses			
Description: _____ _____ _____									

Additional Landlord Questions

*Will you accept temporary and permanent EDEN programs?	
Would you be willing to accept clients without rental history:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever rented to an EDEN client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be interested in attending a Landlord forum? will work best with your schedule:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate several times which

* Please visit the "List Your Properties" section of our website and view the Landlord Welcome Packet for more details about our programs