

Please email completed form to **RROD@gosection8.com**.

For immediate assistance call **(561) 362-1099**.

Fields with an * are required. **PLEASE PRINT CLEARLY**

TENANT INFORMATION

* **First Name:** _____ * **Last Name:** _____
Voucher # / Reference #: _____ **Housing Authority Name:** _____

(STEP 1) PROPERTY LOCATION

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

(STEP 2) PROPERTY INFORMATION

* Rent Amount: \$ _____	* Bed(s): _____ * Bath(s): _____	Square Footage: _____ Year Built: _____	Quality and Condition: <input type="radio"/> Unknown <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Average <input type="radio"/> Above Average <input type="radio"/> Excellent
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* **Property Type:**

House TH/Villa Apt Condo Mobile Home Row House Duplex Triplex 4plex High-Rise Low-Rise
 Condo (APT) Condo (TH/Villa) **Applicable Utility Schedule:** _____

(STEP 3) AMENITIES AND UTILITIES * Must Complete for Adjustment Accuracy

Heating Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Propane	Heating Fuel Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Cooking fuel Type: <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil	Cooking Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Hot Water fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil	Hot Water Paid by: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	Utilities: Electric 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	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"/> Window/Wall <input type="checkbox"/> Swamp Cooler <input type="checkbox"/> Central <input type="checkbox"/> None		
Heat Type: <input type="checkbox"/> Baseboard <input type="checkbox"/> Space <input type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> Radiator <input type="checkbox"/> None <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler		Indoor: <input type="checkbox"/> Ceiling Fan(s) <input type="checkbox"/> Cable Included	Laundry Type: <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Dryer <input type="checkbox"/> Washer/Dryer		Kitchen: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave <input type="checkbox"/> Garbage Disposal	
Outdoor: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Balcony	Parking: <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> 1 Covered Space <input type="checkbox"/> Street <input type="checkbox"/> Open <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> 2 Covered Spaces <input type="checkbox"/> Assigned <input type="checkbox"/> Unknown <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> Unassigned <input type="checkbox"/> Driveway <input type="checkbox"/> None			Maintenance: <input type="checkbox"/> Pest Control Included <input type="checkbox"/> Lawn Included <input type="checkbox"/> Trash Included		

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By submitting this form I affirm that I am at least 18 years of age and have read and agree to GoSection8.com terms of use and privacy policy located at: gosection8.com/Main/terms_of_use.aspx