



Taylor Housing Authority
Where Housing Excellence Begins...



**Section 8 Property
Landlord/Owner
Property Listing Form**

Landlord Name: _____

Contact Phone No.: _____

Address of Unit: _____

Description of Unit: _____

Number of Bedrooms _____ No. of Bathrooms _____

Year Unit built: _____

Type: House Mobile Home Duplex Apartment Building

Appliances furnished: Refrigerator Stove Washer Dryer

Utilities furnished: Electricity Gas Water Sewer Trash

Amount of Rent Requested: _____ Amount of Security Deposit: _____