

## **Unit Referral Listings Form**

Please complete this form if you would like to add, modify, or delete a rental property on Clearwater Housing Authority's (CHA) Unit Referral Listings. The Unit Referral Listings are issued according to bedroom size and only to approved Housing Choice Voucher (HCV) Participants or Applicants.

These Listings will be updated every two (2) weeks.

A unit will be listed for ninety (90) days. After this time frame, the unit will be removed from the listing unless a request is made by the owner/landlord to repeat the listing for an additional ninety (90) days. If the unit listed is leased within the ninety (90) days, you may submit this form to CHA or contact our office to request removal of the unit from the list. This form may also be used to update information for a unit that is currently listed.

This form may be faxed to our office (727)446-3462, hand delivered, or mailed to:

Clearwater Housing Authority
P.O. Box 14807, Clearwater, FL 33755

| -   |                              |          |              |               |            |        |  |
|---|------------------------------|----------|--------------|---------------|------------|--------|--|
| □Add  | ☐ Modify                     | ☐ Remove | (please chec | ck a box)     |            |        |  |
| Unit Information:   |                              |          |              |               |            |        |  |
| Unit Size   | : #Bedr                      | rooms    | #Ba          | athrooms      |            |        |  |
| Address of Unit:  |                              |          |              |               |            |        |  |
| Proposed Rent: \$   |                              |          |              |               |            |        |  |
| Utilities Included in Rent (please check ALL that apply): |                              |          |              |               |            |        |  |
|   | Water □                      | l Sewer  | □ Trash      | ☐ Gas         | ☐ Electric | □ None |  |
| Owner/Landlord Contact Information:                       |                              |          |              |               |            |        |  |
| Name:   |                              |          | ı            | Phone Number: |            |        |  |
| Date Uni  | t is Available: <sub>.</sub> |          |              |               |            |        |  |

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