

# GoSection8.com Property Listing Form

Please complete this form and fax to (561) 416-9848 or mail to "PO BOX 2345, Boca Raton, FL 33427"  
 Your 30 day **FREE** listing will then appear online at [www.GOsection8.com](http://www.GOsection8.com) and on your local housing authority website.  
 Please contact us at 1-866-466-7328.

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

Your Contact Information			
*First Name:		*Last Name:	
Company:		*Best Contact Phone Number:	
Email:			
Address Of The Unit You Want To List			
*Zip:		*State:	*City:
*Address:			Unit Number:
Unit Description			
*Date Unit Available: ____/____/____	*Rent Amount \$ _____	*Security Deposit: \$ _____ <input type="checkbox"/> Negotiable	*Bedrooms: ____ *Baths: ____ *Half Bath(s): ____  *Living Square Footage: _____
*Property Type: (Check one) <input type="checkbox"/> House <input type="checkbox"/> Townhouse/Villa <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Row House <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> 4Plex <input type="checkbox"/> Floor Location: _____			*Yr Built:
*Lights/Electric Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner		*Heat Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	*Heating Fuel Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
*Hot Water Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric		*Hot Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
*Cooking Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric		*Cooking Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
*Sewer Type: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Pubic Sewer		*Sewer 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	
*Cooling (A/C Electric) Type: <input type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> None		*Cooling Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
*Heat Style: <input type="checkbox"/> Central <input type="checkbox"/> Furnace <input type="checkbox"/> Radiator <input type="checkbox"/> Window/Wall <input type="checkbox"/> Baseboard <input type="checkbox"/> None		*Trash Removal Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	*Lawn Care Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
*Pest Control Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner			
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	
*Mark Appliances Included:		<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Stove
<input type="checkbox"/> Security System		<input type="checkbox"/> Microwave	<input type="checkbox"/> Refrigerator
<input type="checkbox"/> Garbage Disposal			
*Parking: <input type="checkbox"/> 1 Car Carport <input type="checkbox"/> 2 Car Carport <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Assigned <input type="checkbox"/> Unassigned <input type="checkbox"/> Driveway <input type="checkbox"/> Street <input type="checkbox"/> None			
*Other Amenities Included: <input type="checkbox"/> Fireplace <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Fenced Yard			
<input type="checkbox"/> Gated Community <input type="checkbox"/> Age Restricted		*Cable Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	*Exterior: <input type="checkbox"/> Balcony <input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Porch <input type="checkbox"/> Pets Allowed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Weight Restrictions _____
<input type="checkbox"/> Accessibility <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Accessibility:	

By submitting this form I affirm that I am at least 18 years of age and have read and agree to GOsection8.com's terms of use and privacy policy located at [http://www.gosection8.com/terms\\_of\\_use.aspx](http://www.gosection8.com/terms_of_use.aspx)

For Company Use Only	
Date Entered: _____	
Owner Contacted, Information Verified:	Initials: