

RENTAL MARKET DATA
APARTMENT(S) AVAILABLE FOR RENTAL

UNIT(S) AVAILABLE APPROXIMATELY: _____ MONTH/DAY OR IMMEDIATELY

DATE: _____ (HOME) PHONE: _____ (WORK) PHONE: _____

LANDLORD NAME: _____ (CELL) PHONE: _____

EMAIL: _____

MANAGER or MANAGEMENT CO. _____ PHONE: _____

UNIT INFORMATION

PROPERTY ADDRESS: _____, _____ FL./APT. # _____ MANCHESTER, NH _____

UNIT HANDICAP ACCESSIBLE: Yes No PET FRIENDLY UNIT: Yes No Please call for restrictions

THIS PROPERTY IS SITUATED BETWEEN _____ AND _____ STREETS.

YEAR BUILT: Before 1978 or After 1978 Actual year built if known: _____

LOCATION OF UNIT IS NEAR (Please check off): Busline Church Shopping Area

UNIT TYPE: 2 & 3 Story Walkup Row & Townhouse Detached Highrise
 Duplex [side by side or up and down]

NUMBER OF BEDROOMS: CURRENT RENT? \$ WHEN DID THIS RENT GO INTO EFFECT: _____ MONTH/YEAR

Please specify who pays for utilities: (T=tenant, O=owner) and type of utilities.

THIS BOX IS Example only:

HEAT: Nat. Gas, Bottled Gas, Fuel Oil, Electric

COOKING: Nat. Gas, Bottled Gas, Electric

ELECTRICITY: T

HOT WATER: T Nat. Gas, Bottled Gas, Fuel Oil, Electric

Please specify below who pays for utilities: (T=tenant, O=owner) and type of utilities:

HEAT: Nat. Gas, Bottled Gas, Fuel Oil, Electric

COOKING: Nat. Gas, Bottled Gas, Electric

ELECTRICITY: _____

HOT WATER: Nat. Gas, Bottled Gas, Fuel Oil, Electric

Please check off applicable items listed for KITCHEN, BATHROOM & FACILITIES

KITCHEN

REFRIGERATOR: 10cu', 12 cu', 14cu', 15cu'
STOVE/OVEN: Gas, Electric, Continuous Self-Clean
FLOORING: Wood, Linoleum, Tile
GARBAGE DISPOSAL: DISHWASHER:
OTHER AMENITIES: _____

BATHROOM

FLOORING: Wood, Linoleum, Tile
TUB: Tub with shower stall, Modern non-scalding shower

FACILITIES

PARKING: Yes No Off street parking for _____ vehicles; GARAGE: Yes No; STORAGE: Yes No
LAUNDRY: Yes No Hook-up, Washer, Dryer, Coin Operated
YARD: Yes No; PLAYGROUND: Yes No; SWIMMING POOL: Yes No; TENNIS COURT: Yes No
ON SITE MAINTENANCE: Yes No

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.

I certify that this information is correct and accurate.

Signature: _____ Title: _____ Date: _____

This form may be copied.

To return this form via Fax please use: 603-624-2113