



**M A N C H E S T E R**  
**HOUSING AND REDEVELOPMENT AUTHORITY**  
**RENTAL MARKET DATA**  
 APARTMENT(S) AVAILABLE FOR RENTAL

**UNIT AVAILABILITY DATE:** \_\_\_\_\_

LANDLORD / MANAGEMENT COMPANY NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_, \_\_\_\_\_ FL./APT # \_\_\_\_\_ CITY: \_\_\_\_\_

IS THIS UNIT AMERICANS with DISABILITIES ACT (ADA) ACCESSIBLE:  Yes  No

LOCATION UNIT IS NEAR (Please check all that apply):  Bus line  Medical Center  Shopping Area

School \_\_\_\_\_

UNIT TYPE:  2 & 3 Story Walkup  Row & Townhouse  Detached (Single Family)  Highrise

Duplex [side by side or up and down]  Mobile Home

NUMBER OF BEDROOMS:  NUMBER OF BATHROOMS:

CURRENT RENT \$

<b>Please specify who pays for utilities:</b> (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 <b>check off</b> applicable items listed for <b>AMENITIES</b>			
PARKING: <input type="checkbox"/> Yes <input type="checkbox"/> No			
LAUNDRY: <input type="checkbox"/> Yes <input type="checkbox"/> No			
CLUB HOUSE/FACILITIES: <input type="checkbox"/> Yes <input type="checkbox"/> No			
PETS ALLOWED: <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPE: _____	
OTHER: _____			
_____			
_____			
_____			

**Please note the information provided will be shared with all Applicants and Participants who are looking for available units. Please contact us when the unit has been filled.**

I certify that this information is accurate.  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be copied.

To return this form via Fax please use: 603-624-2113  
 OR Email to [nudson@manchesterhousing.org](mailto:nudson@manchesterhousing.org)