



M A N C H E S T E R
HOUSING AND REDEVELOPMENT AUTHORITY
RENTAL MARKET DATA

UNIT AVAILABILITY DATE: _____

LANDLORD / MANAGEMENT COMPANY NAME: _____

PHONE: _____ EMAIL ADDRESS: _____

PROPERTY ADDRESS: _____, FL./APT # _____ CITY/ZIP: _____

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 \$

Please specify who pays for utilities: (T = Tenant, O = Owner) and type of utilities.				MHRA Use Only
HEAT: ___ Nat. Gas ___ Bottled Gas ___ Fuel Oil ___ Electric	COOKING: ___ Nat. Gas ___ Bottled Gas ___ Electric	ELECTRICITY: ___ WATER/SEWER: APT: <input type="checkbox"/> HOME: <input type="checkbox"/>	HOT WATER: ___ Nat. Gas ___ Bottled Gas ___ Fuel Oil ___ Electric	Heat: _____ Cooking: _____ Electricity: _____ HW: _____ W/S: _____ TOTAL: _____ Gross Rent: _____

Please check off applicable items listed for AMENITIES

PARKING: Yes No

LAUNDRY: Yes No

CLUB HOUSE/FACILITIES: Yes No

PETS ALLOWED: Yes No **PET 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 kpiecuch@manchesterhousing.org