

For Office Use Only      Exp. Date \_\_\_\_\_



# City of Glendale Community Housing Division **FOR RENT**



TODAY'S DATE \_\_\_\_\_

FAX #: 623-930-1064

**EXPIRATION DATE WILL BE TWO MONTHS AFTER TODAY'S DATE;  
LISTING WILL BE REMOVED FROM THE BOOK AT THAT TIME.**

HOUSE       APARTMENT       TOWNHOUSE       DUPLEX

ADDRESS: \_\_\_\_\_

SQ FOOTAGE \_\_\_\_\_ # BEDROOMS \_\_\_\_\_ BATHS \_\_\_\_\_ RENTAL PRICE \$ \_\_\_\_\_

YEAR BUILT \_\_\_\_\_ SECURITY DEPOSIT \$ \_\_\_\_\_

➤ **TENANT PAYS:** ELECTRIC \_\_\_\_\_ GAS \_\_\_\_\_ WATER \_\_\_\_\_  
OTHER (SPECIFY) \_\_\_\_\_

**AMENITIES:**

CARPET	<input type="checkbox"/>	EVAP COOLER/AC	<input type="checkbox"/>
DRAPES/ BLINDS	<input type="checkbox"/>	RANGE	<input type="checkbox"/>
DISHWASHER	<input type="checkbox"/>	REFRIGERATOR	<input type="checkbox"/>
DECK/PATIO	<input type="checkbox"/>	W/D HOOKUP	<input type="checkbox"/>
GARBAGE DISPOSAL	<input type="checkbox"/>	COIN-OP LAUNDRY	<input type="checkbox"/>
OTHER	_____		

**FACILITIES:**

PLAYGROUND	<input type="checkbox"/>	COVERED PARKING	<input type="checkbox"/>
STORAGE	<input type="checkbox"/>	GARAGE	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	POOL/SPA	<input type="checkbox"/>

**ACCESSIBILITY TO SERVICES:**

\*\* Is the unit handicapped accessible? Yes  No

MEDICAL FACILITIES	<input type="checkbox"/>	STORES	<input type="checkbox"/>
TRANSPORTATION	<input type="checkbox"/>	SCHOOLS	<input type="checkbox"/>

MANAGER/OWNER: \_\_\_\_\_

PHONE: \_\_\_\_\_

This advertisement is offered as a service to clients of Glendale Housing. Glendale Housing is not responsible for any information shown on this sheet. For questions, please call the manager/landlord listed above. Glendale Housing does not guarantee the rental of any unit. Unit choice is at the discretion of the participant family. Thank you.