## Town of Islip Housing Authority UNIT AVAILABILITY FORM

Date form completed:Fax completed form to 631 589-6575			
		UNIT INFORMATION	
Street Address:			
City-Zip # of bedrooms (circl	re 1): 0 1 2 3 4 5 6	Proposed Rent: \$	Security?\$
Does the unit have any features that provide access to persons with a disability or handicap? Yes No			
If yes please list_			
Type of Unit (circle 1): Apt., Single Family, Approved Multi family,, Condo/co-op, Other: UNIT Type Ground Floor?			
Utilities:	Responsibility?	Type Circle one	Other Amenities? Optional
Heat	LL or T	Gas Electric Oil Propane	
Cooking	LL or T	Gas Electric Oil Propane	
Hot Water	LL or T	Gas Electric Oil Propane	
Water	LL or T	Gas Electric Oil Propane	
Electric Lights	LL or T	Gas Electric Oil Propane	
Date Unit Available:  OWNER/CONTACT INFORMATION  Owner Name:			
Tel. # Day:Tel # evening:			
(If you would like confirmation of this listing, please provide either your fax# or your email address)			
If applicable, Broker Name:			
Real Estate Agency:			
Contact telephone number:			
By my signature below, I hereby certify that the above information is accurate and that I am the owner or an authorized representative thereof. I also understand that the Housing Authority makes no guarantees that a voucher recipient will request to lease the unit and/or that the unit rent is approvable and/or whether the unit will comply with applicable inspection standards. <i>I understand that a valid rental permit issued by the Town of Islip Bldg. Dept. Is required in order for a voucher recipient to occupy a unit.</i> Print Name of Authorized Representative			
Signature of Authorized representative			
The unit availability listing is made available to Section 8 voucher recipients upon their request.  PLEASE NOTE THAT ALL LISTINGS ARE REMOVED FROM THE HA AVAILABLE UNIT LISTING 30 DAYS  AFTER THE UNIT AVAILABILITY DATE UNLESS THE HA RECEIVES A SIGNED UPDATED WRITTEN			

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REQUEST TO MAINTAIN THE LISTING.