



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

SECTION 8 PROPERTY LISTINGS FACSIMILE FORM

If you would like to list a property, fax this form to 1.866.265.7811 or call toll free 877.428.8844 for immediate assistance.

Please print legibly and fill out completely:

Today's Date: _____ Owner First Name _____ Last Name _____

Contact Number _____ Alternate Number _____

Street Number _____ Street Direction _____ (N,S,E,W) Street Name _____ St. Suffix _____

Apt # _____ City _____ Zip Code _____ () Upstairs () or Downstairs Unit

Number of Bedrooms _____ Number of Bathrooms _____ Monthly Rent Desired _____

Security Deposit _____ Is the Security Deposit Negotiable? Yes or No *(Please circle one)*

Building Type (Apartment, House, Duplex, etc): _____ Year Built _____

What is the Heating Type? Gas or Electric *(Please circle one)* What is the Water Heater? Gas or Electric *(Please circle one)*

Circle all Appliances provided by the Owner: Stove Refrigerator Dishwasher Microwave

Circle all Accessibility Features if Applicable: Ground level unit Grab-bar at toilet Grab-bar at shower or tub

Elevator Ramped or flat entryway Extrawide doorways Low or free standing sinks or counters

Comments: _____

You will receive a call from a socialserve.com call center representative to confirm your listing.