



## Property Listing Form

Please print clearly and complete this form in its entirety.



<b>Landlord Contact Information</b>		<b>PROPERTY LOCATION</b>					
Name: _____ Company: _____ *Email: _____ Primary Phone Number: _____ Alternate Phone Number: _____ *Permission to share email with clients? <input type="checkbox"/> Yes <input type="checkbox"/> No		Street: _____ City: _____ State: _____ Zip: _____ County: _____ Date Available: _____					
<b>Rent Amount:</b> \$ _____	<b>Security Deposit:</b> \$ _____ <input type="checkbox"/> Negotiable	<b>Bedrooms:</b> _____ Full Baths: _____ ½ Baths: _____	<b>Square Footage:</b> _____ <b>Year Built:</b> _____ <b>Pets Allowed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cats <input type="checkbox"/> Dogs				
<b>Property Type:</b> <input type="checkbox"/> Single-Family <input type="checkbox"/> Double/Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> 4plex <input type="checkbox"/> Walk-up <input type="checkbox"/> High-rise							
<b>Indoor:</b> <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Furnished <input type="checkbox"/> Fireplace <input type="checkbox"/> Cable Included <input type="checkbox"/> Security System	<b>Outdoor:</b> <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Lawn Care Included <input type="checkbox"/> Trash Removal Included	<b>Parking:</b> <input type="checkbox"/> 1 Car Carport <input type="checkbox"/> Unassigned <input type="checkbox"/> 2 Car Carport <input type="checkbox"/> Assigned <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> Driveway <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Street <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> None	<b>Laundry Type:</b> <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Washer/Dryer				
<b>Heat Type:</b> <input type="checkbox"/> Baseboard <input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> Radiator <input type="checkbox"/> Heat Pump	<b>Utilities:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">           • <b>Heating Fuel:</b>  <input type="checkbox"/> Gas  <input type="checkbox"/> Electric  <input type="checkbox"/> Propane            • <b>Heating Paid By:</b>  <input type="checkbox"/> Tenant  <input type="checkbox"/> Owner            • <b>Electric Paid By:</b>  <input type="checkbox"/> Tenant  <input type="checkbox"/> Owner         </td> <td style="width: 25%;">           • <b>Water Type:</b>  <input type="checkbox"/> City Water  <input type="checkbox"/> Well Water            • <b>Water Paid By:</b>  <input type="checkbox"/> Tenant  <input type="checkbox"/> Owner            • <b>Sewer Type:</b>  <input type="checkbox"/> Public Sewer  <input type="checkbox"/> Septic Tank            • <b>Sewer Paid By:</b>  <input type="checkbox"/> Tenant  <input type="checkbox"/> Owner         </td> <td style="width: 25%;">           • <b>Hot Water Type:</b>  <input type="checkbox"/> Gas  <input type="checkbox"/> Electric  <input type="checkbox"/> Propane            • <b>Hot Water Paid By:</b>  <input type="checkbox"/> Tenant  <input type="checkbox"/> Owner            • <b>Cooking Fuel Type:</b>  <input type="checkbox"/> Gas  <input type="checkbox"/> Electric         </td> <td style="width: 25%;">           • <b>Cooking Paid By:</b>  <input type="checkbox"/> Tenant  <input type="checkbox"/> Owner            • <b>Cooling Type:</b>  <input type="checkbox"/> Central  <input type="checkbox"/> Window/Wall  <input type="checkbox"/> None            • <b>Cooling Paid By:</b>  <input type="checkbox"/> Tenant  <input type="checkbox"/> Owner         </td> </tr> </table>			• <b>Heating Fuel:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane • <b>Heating Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • <b>Electric Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	• <b>Water Type:</b> <input type="checkbox"/> City Water <input type="checkbox"/> Well Water • <b>Water Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • <b>Sewer Type:</b> <input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic Tank • <b>Sewer Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	• <b>Hot Water Type:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane • <b>Hot Water Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • <b>Cooking Fuel Type:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric	• <b>Cooking Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • <b>Cooling Type:</b> <input type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> None • <b>Cooling Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
• <b>Heating Fuel:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane • <b>Heating Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • <b>Electric Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	• <b>Water Type:</b> <input type="checkbox"/> City Water <input type="checkbox"/> Well Water • <b>Water Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • <b>Sewer Type:</b> <input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic Tank • <b>Sewer Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	• <b>Hot Water Type:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane • <b>Hot Water Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • <b>Cooking Fuel Type:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric	• <b>Cooking Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner • <b>Cooling Type:</b> <input type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> None • <b>Cooling Paid By:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner				
<b>Other:</b> <input type="checkbox"/> Age Restricted <input type="checkbox"/> Pest Control Included <input type="checkbox"/> _____ <input type="checkbox"/> _____	Handicap Accessible <input type="checkbox"/> Yes <input type="checkbox"/> No  Description: _____ _____ _____	Accepts clients with: <input type="checkbox"/> Previous Evictions <input type="checkbox"/> Felonies <input type="checkbox"/> Sex offenses					

### Additional Landlord Questions

*Will you accept temporary and permanent EDEN programs?
Would you be willing to accept clients without rental history: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever rented to an EDEN client? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be interested in attending a Landlord forum? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please indicate several times which will work best with your schedule:

\* Please visit the "List Your Properties with EDEN" section of our website and view the Program List for more details about our programs