

BERKELEY HOUSING AUTHORITY

RENTAL UNIT LISTING REQUEST



I. Property

Address _____ Apt _____

City _____ Zip _____

Bedrooms: _____ Baths _____

Is unit wheelchair accessible? No Yes

II. Building Type

House 2-4 units 5 or more units

III. Rental Information

Rent Requested \$ _____ Security Deposit \$ _____

Date Available: _____

Rental Application Required? No Yes

Non Refundable Application Fee? No Yes

If yes, amount \$ _____

For more information call: _____

Phone Number _____