

# Apartment for Rent

**Listing Date:** \_\_\_\_\_ **Unit Available:** \_\_\_\_\_

**Number of Bedrooms:** \_\_\_\_\_

**Dwelling type:** \_\_\_\_\_

**Bathrooms:** \_\_\_\_\_

**Rent:** \_\_\_\_\_ **Security:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

|                         |                 | <b>Included</b> |
|-------------------------|-----------------|-----------------|
| <b>Utilities:</b>       | Electric        | Yes/No          |
|                         | Gas             | Yes/No          |
|                         | Water / Sewer   | Yes/No          |
|                         | Garbage         | Yes/No          |
| <b>Appliances:</b>      | Dishwasher      | Yes/No          |
|                         | Stove           | Yes/No          |
|                         | Refrigerator    | Yes/No          |
|                         | Microwave       | Yes/No          |
| <b>Washer / Dryer:</b>  | In apt. Hookups | Yes/No          |
|                         | On-Site Laundry | Yes/No          |
| <b>Air Conditioner:</b> | Window Unit(s)  | Yes/No          |
|                         | Central         | Yes/No          |
| <b>Parking:</b>         | Covered         | Yes/No          |
|                         | Off Street      | Yes/No          |
|                         | Street          | Yes/No          |
| <b>Pets:</b>            | Dogs OK         | Yes/No          |
|                         | Cats OK         | Yes/No          |

**Any Restrictions?** \_\_\_\_\_

**Pet Deposit:** \_\_\_\_\_

**Smoking Policy:** \_\_\_\_\_ **Yes/No**  
**Handicap Accessible:** \_\_\_\_\_ **Yes/No**

**Amenities:** \_\_\_\_\_

Please send completed form to Housing Authority of the County of DeKalb  
Fax 815.758.4190 or Email: [requests@dekcohousing.com](mailto:requests@dekcohousing.com)