



Unit Availability Form

Date Listed: _____ Date Available to Rent: _____

of Bedrooms: _____ Proposed Rent: _____

Unit Address: _____
Number Street Apt or Suite

City/State/Zip: _____
City State Zip

Contact Name: _____

Phone: _____ (List one number you want potential tenants to call.)

Unit Type: (Circle all that apply) Apartment Townhouse Single Family home

Unit on First floor with a patio entrance _____ Elevator Building _____

Build after March 13, 1991? Yes No Year Built: _____

Utilities: (Circle **only** those that are **included** in rent) Heat Trash Water Electricity

Type of heat: Oil Gas Electric

If you have a unit with accessible features and/or have a unit that is accessible for a person with a disability, please complete page 2 of this Unit Availability Form.

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Please note that you can ask for a reasonable accommodation to use HAPGC housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.



Accessibility Features of Available Unit

Please Check **ONLY** those features that the Available Unit Currently Has

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Flat or no-step entry | <input type="checkbox"/> Accessible Route to get to Unit | <input type="checkbox"/> A bathroom and bedroom on first level | <input type="checkbox"/> Unit all on one floor |
| <input type="checkbox"/> Doorways 32" or wider in unit & common areas | <input type="checkbox"/> 60" Turning diameter in Kitchen areas | <input type="checkbox"/> 60" Turning diameter in Bathroom | <input type="checkbox"/> Roll-In Shower |
| <input type="checkbox"/> Accessible cabinets | <input type="checkbox"/> Sufficient clearance/clear floor space between cabinets | <input type="checkbox"/> Knee clearance under the kitchen sink | <input type="checkbox"/> Insulated pipes under sink |
| <input type="checkbox"/> Light switches and other controls within reach ranges | <input type="checkbox"/> Grab bars at the toilet | <input type="checkbox"/> Grab bars in the shower or bathtub | <input type="checkbox"/> Flooring is stable, firm, and slip resistant |
| <input type="checkbox"/> Low clothing rods in closets | <input type="checkbox"/> All knobs and controls are operable with one hand without tight grasping, pinching, or twisting (e.g., levers rather than knobs) | <input type="checkbox"/> Front-loading laundry machines | <input type="checkbox"/> Accessible parking space |
| <input type="checkbox"/> Trash room and/or chute is accessible | <input type="checkbox"/> Unit and all common areas are on no-step | <input type="checkbox"/> Accessible routes (from public street, bus stop on site, another common use facility on site such as a community center, clothesline poles, dumpsters, mailboxes, laundries, playground, or park) Specify _____ | <input type="checkbox"/> Any age restrictions |

Additionally, are there units that comply with the Accessibility Standards or whether units have accessibility features (including units that comply with Fair Housing Act Accessibility Standards)? Other than the check list above, are there any other features of the available unit that might make it accessible for persons with disabilities, including those who use wheelchairs?

IMPORTANT: Please complete all spaces. Failure to do so will delay getting your property listed.

Units may be removed from register if not rented within three months, unless updated by contact.

The Housing Authority may share the Contact name identified on this form to enable tenants in the Housing Choice Voucher program to find more information about available units.