



1400 North Reagan Street
 P.O. Box 1900
 San Benito, TX 78586
 Office: (956) 399-7501
 Fax: (956) 399-5413
www.sanbenitohousing.com

Proposed Unit Information

(Homeowner or Manager provide information below)

Type of Unit _____ Example: House or Apartment

Address _____

Bedroom Size: _____ Square Ft.: _____ Date Built: _____ Proposed Rent \$: _____

Security Deposit: _____ Pets: _____

OWNER OR MANAGER

 Name or Apartment Complex (if applicable)

 Street Address City State Zip Code

 Name of Owner/Agent Phone Number

 Street Address City State Zip Code

Owner Email Address: _____ Agent Email Address: _____

| | | | | |
|-------------------------|----------------------------|-------|----------------|-------|
| <u>Amenities</u> | # of baths | _____ | Range | _____ |
| | Carpet | _____ | Refrigerator | _____ |
| | Blinds | _____ | W/D Conn. | _____ |
| | Dishwasher | _____ | Central Air | _____ |
| | Deck/Patio | _____ | Window units | _____ |
| | Garbage Disposal | _____ | Fenced Yard | _____ |
| | Playground | _____ | Parking | _____ |
| | Storage | _____ | Garage/carport | _____ |
| | Smoke Detectors-all levels | _____ | Screens | _____ |
| | Handicap Accessibility | _____ | | |

Management & Maintenance

| | | | |
|--------------------------|-------|---------------------------|-------|
| On-site manager | _____ | General Maintenance | _____ |
| Owner-Supplied Utilities | _____ | Tenant-Supplied Utilities | _____ |

Is rent for this unit higher than rents the owner charges for comparable unassisted units? Y or N

 Homeowner or Manager Signature Date

The San Benito Housing Authority is committed to compliance with Equal Housing Opportunity, the Fair Housing Act and the American with Disabilities Act. Reasonable accommodations and equal access to communications will be provided upon request.

