

VACANCY REFERRAL

Norwalk Housing Authority

DATE: _____

- HOUSE
- APARTMENT
- CONDO
- OTHER _____

(Please specify)

- 0 Bedroom
- 1 Bedroom
- 2 Bedrooms
- 3 Bedrooms
- 4 Bedrooms
- 5 Bedrooms

RENT \$ _____ (PER MONTH)

SECURITY DEPOSIT \$ _____

ADDRESS OF RENTAL PROPERTY _____

CONTACT PERSON: _____

PHONE: _____

IS THIS UNIT ACCESSIBLE TO HANDICAPPED/DISABLED FAMILIES?
(YES OR NO)

IF NO, WOULD YOU BE WILLING TO MAKE REASONABLE MODIFICATIONS TO
ENABLE A HANDICAPPED/DISABLED FAMILY TO OCCUPY THE UNIT?
(YES OR NO)

OTHER INFORMATION OR AMENITIES _____

Return to: Norwalk Housing Authority
12700 Norwalk Blvd., Room 11
Norwalk, CA 90650
Fax: 562-929-5537