



HARFORD COUNTY HOUSING AND COMMUNITY DEVELOPMENT

Unit Amenity Form

Unit Address: _____

Proposed Contract Rent (per month): _____

Unit Type

- | | | |
|---|---------------------|-------|
| <input type="checkbox"/> Single Family Detached | Square Footage | _____ |
| <input type="checkbox"/> Duplex | Year Built | _____ |
| <input type="checkbox"/> Townhouse (multi-level) | Number of Bedrooms | _____ |
| <input type="checkbox"/> Row House (single level) | Number of Bathrooms | _____ |
| <input type="checkbox"/> Manufactured/Mobile Home | | |
| <input type="checkbox"/> Garden/Apt/Walkup/Multi | | |
| <input type="checkbox"/> High Rise (more than 4 floors) | | |

Amenities

- | | |
|--|--|
| <input type="checkbox"/> Finished Basement/Attic | <input type="checkbox"/> Handicap Accessible |
| <input type="checkbox"/> Business/Fitness Center | <input type="checkbox"/> Hardwood Floors |
| <input type="checkbox"/> Cable/Internet Ready | <input type="checkbox"/> Laundry Facilities (community use) |
| <input type="checkbox"/> Carpeting | <input type="checkbox"/> Microwave |
| <input type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Modern Appliances (5 years old or less) |
| <input type="checkbox"/> Central A/C Unit | <input type="checkbox"/> Playground/Courts |
| <input type="checkbox"/> Ceramic Tile Floors | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Covered and/or Off-street Parking | <input type="checkbox"/> Range |
| <input type="checkbox"/> Deck/Balcony/Patio/Porch | <input type="checkbox"/> Refrigerator |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Energy Efficient Certified Unit | <input type="checkbox"/> Washer/Dryer Hookups (in unit) |
| <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> Washer/Dryer (in unit) |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Window/Wall A/C Unit |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Working Fireplace |

Other amenities: _____

Services

- | | |
|--|---|
| <input type="checkbox"/> Lawn Upkeep | <input type="checkbox"/> Elderly Transportation |
| <input type="checkbox"/> Snow Removal | <input type="checkbox"/> On-site Child Care |
| <input type="checkbox"/> Pest Control Provided | <input type="checkbox"/> Free Cable or Wi-fi |
| <input type="checkbox"/> Package Receiving | |

Other: _____

Maintenance

- | | |
|--|--|
| <input type="checkbox"/> Owner Provides On-site Maintenance | <input type="checkbox"/> Owner Provides No Maintenance |
| <input type="checkbox"/> Owner Provides Off-site Maintenance | <input type="checkbox"/> Owner Charges Maintenance Call Fee
Amount \$ _____ |

Name of Owner (Please Print) _____

Signature of Owner/Owner Representative _____

Date _____