



Room Space Referral

Please print all information clearly

OFFICE USE ONLY

Date received: _____

Date entered: _____ by _____

Note: _____

THE LISTER

First Name: _____ Email: _____
 Last Name: _____ Address: _____
 Main Phone: _____ City: _____
 Second Phone: _____ Zip Code: _____

THE SPACE Description (optional):

Zip Code where space is located: _____ City: _____

Space is...

SHARED: Studio Room in House Room in Condo Room in Apartment
 Other _____

-- OR --

NOT SHARED: Condo House Apartment Other _____

Total space includes: _____ Bedrooms _____ Bath(s)

Date the space is available: _____
 Furnishing Furnished Unfurnished Negotiable

Looking to rent to: # _____ Males only or # _____ Females only or # _____ Adults

RENT

Total Rent: \$ _____ per month per week other _____

Total Deposit \$ _____

Total Move-In \$ _____

UTILITIES

All Utilities included

Gas none Included Not Included Shared—renter pays 1/2 ? 1/4 Other _____

Water Included Not Included Shared—renter pays 1/2 ? 1/4 Other _____

Electric Included Not Included Shared—renter pays 1/2 ? 1/4 Other _____

Cable none Included Not Included Shared—renter pays 1/2 ? 1/4 Other _____

Internet none Included Not Included Shared—renter pays 1/2 ? 1/4 Other _____

OTHERS

The people (if any) renter will be sharing the space with: _____ Males _____ Females

What pets will you permit? None Any Will permit: _____

Are there pets in the space now? Yes No

Will you accept smokers? Yes No Are there smokers in the space now? Yes No

RENTER ACCESS TO...

Bath(s) Full Access Private Shared No Access Other: _____

Kitchen/Dining Full Access Limited Access No access Other: _____

Living Room Full Access Limited Access No access Other: _____

Washer/Dryer Full Access Limited Access No access Community Facility
 Other: _____