



**Serving The Community Since 1944**

Housing Choice Voucher Program  
12 Congress Street  
Troy, NY 12180  
Phone: (518) 271-8353,  
Fax: (518) 271-8598

## AVAILABLE HOUSING FORM

This information will be made available to the Section 8 Housing Choice Voucher Program participants.

**The Troy Housing Authority can only list available units that are within the Troy City limits.**

**Owner/Agent Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Property Address (Listing):** \_\_\_\_\_  
**Please include location of the apartment (such as what floor, front, rear, etc.)**

**Website the apartment is advertised on:** \_\_\_\_\_

**Rent Requested:** \_\_\_\_\_

**Date unit will be available:** \_\_\_\_\_

**Number of Bedrooms:** \_\_\_\_\_

**Handicap Accessible:** \_\_\_\_\_

**Square footage of apartment:** \_\_\_\_\_

**Stove type (gas or electric):** \_\_\_\_\_

**Washer/Dryer Hookups:** \_\_\_\_\_

**Carpeting:** \_\_\_\_\_

**Heating type (Forced air, water radiator):** \_\_\_\_\_

**Type of fuel for heating system** \_\_\_\_\_

**Utilities that the tenant will be responsible for (circle items):** Gas Electric Oil water sewer trash

**Pets Allowed:** \_\_\_\_\_

**Fenced-In Yard:** \_\_\_\_\_

**Parking:** \_\_\_\_\_

**On Bus Line:** \_\_\_\_\_

**List all improvements made in the past 5 years:** \_\_\_\_\_

### **PLEASE NOTE:**

*Call 271-8353 Ext. 209 to remove a property that has been rented.*

*You can complete this form and fax it to (518) 271-8598, email to [Mike.Belanger@TroyHousing.org](mailto:Mike.Belanger@TroyHousing.org), or mail.*

**\* \* \* You must fill out the back of this form. \* \* \***

APARTMENTS UNDER MANAGEMENT: *Conway Court ♦ Corliss Park ♦ Arnold E. Fallon Grand Street ♦ Griswold Heights ♦ Edward A. Kane ♦ John F. Kennedy ♦ Martin Luther King Margaret W. Phelan ♦ Catherine M. Sweeney ♦ J ♦ Section 8 Rental Assistance*

The Section 8 program regulations requires that the PHA certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units.

The Owner/manager of the building must complete the following section with the more recent leased information **for units in this building that are not assisted/subsidized by any government program**, whether is a federal, state or local program.

**KEEP IN MIND IT IS AGAINST HUD RULES TO CHARGE SECTION 8 TENANTS MORE RENT THAN A NON-SECTION 8 TENANT.**

	Address and Unit #	Date Rented	Rental Amount
1			
2			
3			

**The owner certifies the following:**

***I state that the above units and rent amounts listed are not assisted with any program that assist with payments of the rent. The rents are paid solely by the tenant of the unit.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date