

Landlord Property Listing

Name _____ Phone _____

Mailing Address _____ Fax _____

City _____ State _____ Zip Code _____

E- Mail _____

Unit Address _____

City _____ State _____ Zip Code _____

Is the unit in the City or County of Spartanburg? _____

Bedroom(s) _____ School District _____

Rent \$ _____ Security Deposit \$ _____

Unit Type: House _____

Duplex _____

Apartment _____

Townhouse _____

Mobile Home _____

Please indicate the items that are included in the rent for your unit:

Refrigerator: Y / N Range: Y / N Water: Y / N Sewer: Y / N

This property will be listed for 60 days. You must call for an extension. Please call or email Carolyn Wofford at 864-598-6015 cwofford@spartanbughousing.org us if this property is rented within the 60-day period.

Thank you.