



CITY OF INGLEWOOD

Housing Services and CDBG Department

Inglewood Housing Authority (Section 8 Division)



Section 8 Rental Listing Form

Date: _____

Number of Bedrooms: _____

Number of Bathrooms: _____

Property Address: _____

Rental Amount Requested (for IHA Purpose only): \$ _____

Owner Name: _____

Telephone Number _____ Email: _____

Contact Person (if different from owner): _____

Telephone Number: _____

Assessable to Persons with Disabilities: Yes: _____ No: _____

Type of Dwelling:

_____ House (Single-family home)

_____ Duplex (two units)

_____ Condo/Townhome: Upstairs _____ Downstairs _____

_____ Apartment: Upstairs _____ Downstairs _____

_____ Triplex: Upstairs _____ Downstairs _____

_____ Other: _____ Upstairs _____ Downstairs _____

Are you a current owner participating in the Section 8 Program? Yes: _____ No: _____

- If yes, what is your vendor number or the **name of one of your Section 8 tenants**: _____
- Are you registered with Housing Protection? Yes _____ No _____
- Do you have a Business License? Yes _____ No _____
- If you answered **NO** to all questions, **provide your tax bill or recorded Grant Deed for the property. If you fail to provide your listing will not be listed.**

Please email the form to isoto@cityofinglewood.org, and cc ihaportability@cityofinglewood.org, or fax to (310) 412-5188.

The Inglewood Housing Authority (IHA) has the discretion to exclude any owner or vacancy from our listing. This listing is offered as a complimentary resource for participants voluntarily. The IHA is not obligated to include vacancies or provide this listing service.

OFFICE USE ONLY

Add _____ Remove _____ Update _____ Denied _____