



Housing Authority of the City Of San Luis Obispo
 487 Leff Street - P.O. Box 1289, San Luis Obispo, CA 93406
 (805) 543-4478 FAX (805) 543-4992

**Executive Director-Secretary
 Carol Hatley**

AVAILABLE RENTAL UNIT – Sec 8 PROGRAM

Posting Date: _____ **Date unit is Available:** _____

SLO County Area: SLO South Co. North Co. Coastal
 House Condo Apartment Duplex/tri-plex Mobile Home

Rent: \$ _____ per month. **Security Deposit:** \$ _____

Bedroom Size: _____ # of bedrooms _____ # of baths

Is this an accessible unit (i.e.: ramps, grabs in bath) Yes No

Street Address: _____ Apt / Space # _____

City: _____

Do you accept pets Yes No **Type** _____ **Pet Deposit** \$ _____

Tenant pays for following utilities: *(Please check all that apply)*

Gas / Propane Electric Trash Water Sewer

Appliance(s) Included: *(Please check all that apply)*

Stove Refrigerator Dishwasher Garbage disposal
 Washer/Dryer Laundry Facility or Hook ups

FOR MORE INFORMATION PLEASE CONTACT:

Owner/Property Manager: _____

Phone: _____ E-Mail: _____