

INGLEWOOD HOUSING AUTHORITY SECTION 8 PROPERTY LISTING

Date: _____

Number of Bedrooms: _____

Number of Bathrooms: _____

Upstair/Downstairs _____

Monthly Rent: _____

Property Address: _____

House/Apartment/Condo: _____

Contact Person: _____

Telephone #: _____ Additional Phone #: _____

Accessible to persons with disabilities: YES NO

Rent Amount Requested (for IHA ONLY will not be listed) _____