

Units Input Form for Matrix

Use this form to describe individual units

Unit # _____

Bedrooms: _____ Full Baths: _____ Half Baths: _____ Total Rooms: _____ # Unit Stories: _____ Floor Location: _____

Rent: _____ Deposit: _____ Parking Spaces: _____ Lockbox: _____ Avail Date: ___/___/___

Rental Type

___ Carriage House Apt ___ Entire House ___ Garage Apt ___ Lower Level Apt ___ Mobile Home
___ Efficiency Apt

Occupied

___ Available 1 Year ___ Available 3 – 6 Months ___ Tenant ___ Vacant ___ Other-See Remarks
___ Available 1 – 3 Months ___ Owner

Rent Includes

___ Electric ___ Garbage ___ Maintenance ___ Water ___ Other-See Remarks
___ Garage ___ Gas

Features

___ Carpet ___ Disposal ___ Furnished ___ Patio ___ Washer
___ Central Air ___ Dryer ___ Handicapped ___ Range ___ Window Units
___ Central Heat ___ Fire Alarm ___ Hardwood Floors ___ Refrigerator ___ Other
___ Deck ___ Fireplace ___ Other Heat ___ W/D Connection ___ None
___ Dishwasher

Tenant Occupied: Yes / No

Lease Term Ends: ___/___/___

Prop Mgmt: Yes / No

Existing Lease Information

___ 0 – 6 Month ___ 6 – 12 Months ___ Month-to-Month ___ Option to Buy ___ Other
___ 1 – 3 Years ___ 7 – 12 Years ___ Multi-Year ___ Option to Renew ___ No Lease
___ 4 – 6 Years ___ Daily/Weekly

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