HARRISBURG HOUSING AUTHORITY





AMENITIES CHECKLIST

| TO BE COMPLETED BY LANDLORD | | |
|---|---|---|
| UNIT ADDRESS: | | |
| CITY/STATE: | | ZIP: |
| Single Duplex | Row | Garden / Walk-up High Rise |
| ** In order to verify the unit's amenities, this form will need to be completed and returned to our office. Please check the amenities that apply to the above mentioned unit. | | |
| PLEASE CHECK OFF ALL THAT APPLY: | | |
| Basement/Attic Parking Playground/Courts Business/Fitness Center Pool Yard Sprinkler System Dishwasher Range Clubhouse Modern Appliances | Ceiling Fan Energy Efficient Cert Security System Central A/C Unit Storage Ceramic Tile Floors Garage Carpeting Elevator Refrigerator | Covered and/or Off-street Unit Handicap Accessible Working Fireplace Fenced Deck/Balcony/Patio/Porch Cable/Internet ready Laundry Facilities Washer/Dryer Hookups Garbage Disposal Window/Wall A/C Unit |
| ATTENTION LANDLORDS: Any items that are not checked off will not be applied to the above unit. By signing this form, you are verifying that the amenities are current and correct. | | |
| Landlord Signature Date | | |
| Landiora Signature | | |