



Housing List

Landlord Name: _____

Landlord Phone #: _____

Landlord Email Address: _____

Address of Unit: _____

Street Address

City

Zip Code

Date Unit Available: _____ # of Bedrooms: _____

Rent Amount: _____ Handicap Accessible: Yes or No

Utilities paid by Landlord (Please circle):

Submit completed form to: _____

Attn: Megan Rood

PLEASE NOTE: After your unit is rented, please contact our office at (440) 354-3347 ext. 20 to remove the unit from the Housing List. Addresses and Owner will be verified through the Lake County Auditor's Website.

How did you hear about Lake MHA? _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Lake Metropolitan Housing Authority.

