



HOUSING AUTHORITY of the County of Butte

(530) 895-4474
FAX (530) 894-8738
TDD/TTY (800) 735-2929
(800) 564-2999 Butte County Only
WEBSITE: www.butte-housing.com
2039 Forest Avenue • Chico, CA

95928

PRE-LEASE UNIT ELIGIBILITY WORKSHEET

Date: _____

Client Name: _____ Phone #: _____

New Unit Address: _____
(Street) (Apt. No.) (City) (Zip)

Amount of Monthly Rent Requested by Landlord \$ _____ Number of Bedrooms _____

Check one box: [] House [] Apartment [] Duplex [] Mobile/Manufactured Home

Landlord Name: _____

Landlord Phone Numbers: (____) _____ (____) _____ (____) _____
Home Work Cell

Please ask your prospective landlord to help you record the following information concerning the unit that you wish to lease:

- UTILITIES: Does unit have its own meter? [] Yes [] No
A) Heating: [] Gas [] Landlord pays
[] Electric [] Tenant pays
[] Propane [] Other _____
B) Cooking: [] Gas [] Landlord pays
[] Electric [] Tenant pays
[] Propane [] Other _____
C) Water Heater: [] Gas [] Landlord pays [] Common
[] Electric [] Tenant pays [] Individual
[] Propane [] Other _____
D) Cooling System [] Central A/C [] Landlord pays
[] Wall A/C [] Tenant pays
[] Swamp Cooler [] Other _____
E) Water [] City [] Landlord pays
[] Well [] Tenant pays
If Well, electricity hooked to what unit? _____
F) Sewer Bill [] Landlord pays [] Tenant pays
G) Trash Bill [] Landlord pays [] Tenant pays
H) Stove [] Landlord provides [] Tenant provides
I) Refrigerator [] Landlord provides [] Tenant provides

Return this worksheet to the Housing Authority immediately. Please leave a phone number in the upper right hand corner so that we may reach you and let you know if this is an eligible unit for your family. We will contact you with a decision within 72 hours of submission of this form.

PROCESSED BY _____



The Housing Authority is an equal opportunity employer and housing provider.

