

**NIH R&W RENTAL LISTING FORM**  
**Price: \$20 per listing (as of February 1, 2012)**

PLEASE ENTER ONLY THE INFORMATION REQUESTED. Each listing must be on a separate form.

Indicate below which listing you wish to use (check one only):

\_\_\_\_\_ **HOUSE OR APARTMENT TO SHARE (full use of amenities of house or apartment)**

\_\_\_\_\_ **HOUSE OR APARTMENT TO RENT**

\_\_\_\_\_ **ROOM FOR RENT IN PRIVATE RESIDENCE (limited use of amenities)**

**RENT PER MONTH (no ranges):** \$ \_\_\_\_\_

**DATE AVAILABLE:** \_\_\_\_\_

**LOCATION (city):** \_\_\_\_\_

**CONTACT PERSON (name):** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

\* Putting your email opens you up to public emails. Do not give out credit or bank account information to anyone who inquires about your rental. The R&W is not responsible for any transactions you make with anyone in relation to renting your property

***PLEASE PRINT LEGIBLY***

NOTE: Numbers in parentheses are for housing office coding only. Put a yes or no in the [ ]

**YES NO FEATURES**

- |   |   |
|---|---|
| [ ] (1) HOUSE   | [ ] (8) PRIVATE ENTRANCE                    |
| [ ] (2) APARTMENT                                       | [ ] (9) UTILITIES INCLUDED                  |
| [ ] (3) FURNISHED                                       | [ ] (10) SHORT-TERM RENTAL/LESS THAN 1 YEAR |
| [ ] (4) AIR CONDITIONED                                 | [ ] (11) MORE THAN ONE BEDROOM              |
| [ ] (5) NEAR PUBLIC TRANSPORTATION                      | [ ] (12) LAUNDRY FACILITIES                 |
| [ ] (6) WHEELCHAIR ACCESSIBILITY<br>THROUGHOUT PROPERTY | [ ] (13) PETS ALLOWED                       |
| [ ] (7) SECURITY DEPOSIT REQUIRED                       | [ ] (14) SMOKING ALLOWED                    |

I CERTIFY THAT the above described property is available without regard to sex, race, religion, or national origin. I further certify that my property is in compliance with all state and county housing codes and requirements. R&W has the right to remove the landlord from this listing at any time. **Once received and processed no refunds will be given.**

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

If paying by MasterCard, Visa, or American Express, or Discover (Circle One):

Print Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount to be Charged: \$20 fee per listing      Daytime Phone: \_\_\_\_\_

This listing will be included on the next two printouts. An original signature is necessary in order to be included on the printout. Altered forms will not be processed. Properties must be resubmitted in order to run for additional printouts. Notify the NIH R&W on 301-496-4600 if you wish to remove your listing sooner.

**MAIL FORM WITH CHECK OR MONEY ORDER TO:** R&W, 9000 Wisconsin Ave. MSC 2062, Building 31 Room B1W30, Bethesda MD 20892-2062. Fax number: 301-402-1052.

This form may not be used for sale, recreation or leisure, out-of-area, commercial/residential real estate, or management company property listings. Individuals are limited to (3) three listings per month.