

Move Packet Checklist

Documents with correction fluid or correction tape **cannot** be used.

****Move Packets received after the 15th of the month and/or provided incomplete may not be inspected until after the 1st of the month, plan accordingly!****

Minimum information needed (agency reserves right to request additional information as needed):

1. Complete Landlord Payment form, Request for Tenancy Approval, Initial Rent Survey form and if built before 01/01/1978, Lead Based Paint Disclosure
2. If you are not currently receiving direct deposit from BCHA: - Copy of Social Security Card or Federal ID certificate - Copy of VOIDED check for Direct Deposit
3. If you recently purchased the property and it is not reflected on www.bcpa.net , provide proof of ownership
4. Attach Condo Approval, if applicable
5. Attach Property Management Agreement/Power of Attorney, if applicable
6. Units in foreclosure WILL NOT be inspected

****A complete move packet may take 5-10 business days to schedule for inspection****

After the unit has passed inspection, *it is up to the landlord and Head of Household to execute a lease AND provide it to this agency immediately.* The Housing Assistance Payment (HAP) Contract cannot be issued or executed until an acceptable, executed lease is received.

The executed lease **MUST** include items on attached list in accordance with 24 CFR 982.305 C (4)

*** Further, if the HAP Contract is not executed within 60 days of the lease start date, it is void in accordance with 24 CFR 982.308 (d) and no HAP payments will be made on the unit. ***

****The first payment of HAP is dependent on a signed HAP contract, please plan accordingly and respond to request for information promptly to avoid unnecessary additional delays****

Partner Portal is Here! The BCHA is excited to announce the implementation of the Partner Portal. Ensure you have registered on www.BCHAFL.org and check it frequently to keep updated on HAP payments, Inspection appointments and results. This tool will be expanding shortly and it's important to start using it now as we move to a more 'paperless' method of business.

If you have any questions regarding these documents, please contact:

_____ (954) 739-1114 ext. _____ or e-mail _____@bchafl.org

INSPECTION REQUIREMENT

As a participant in the program; you are the initial inspector for a unit of your choice and should understand what is needed and what to look for to meet all inspection requirements. You decide where you want to live. You decide which unit you want to rent. Listed are the HUD required Housing Quality Standards (HQS) items that will be inspected. In order for an inspection to be conducted our Inspection Department team will make contact with all appropriate parties in order to schedule an appointment. Please do not request to schedule an appointment until the unit is vacant and ready for inspection. The unit must be in compliance to pass inspection before you are authorized to move in and the Housing Authority assist in making payment to the owner on your behalf.

Dwellings in this program “MUST” meet the following requirements:

1. **Sanitary Facilities:** The dwelling unit shall include a flush toilet, a fixed basin, and a tub or shower with hot and cold running water, all in proper operating condition, can be used in privacy, are adequate for personal cleanliness and the disposal of human waste.
2. **Food Preparation and Refuse Disposal:** A cooking stove or range, a refrigerator of appropriate size for the unit, a kitchen sink with hot and cold running water shall be present in proper operating condition. Adequate space for the storage, preparation and service of food shall be provided. There shall be adequate facilities and services for the sanitary disposal of food waste.
3. **Space and Security:** The dwelling unit shall contain a living room, kitchen, bathroom and at least one (1) bedroom or living/sleeping room of appropriate size for each two (2) persons. Exterior doors and windows accessible from outside the unit shall be lockable. All windows must have screens.
4. **Illumination and electricity:** Living and sleeping rooms shall include at least one (1) window. A ceiling or wall type light fixture shall be present and working in the bathroom and kitchen. At least two (2) electric outlets, one (1) of which may be an overhead light, shall be present and operable in the living room, kitchen and each bedroom. All outlets must be grounded and properly wired. No cracked outlet covers. Electrical box must be covered. Hot water heater must have a release valve.
5. **Structure and materials:** Ceilings, walls, and floors shall not have any serious defects such as severe bulging or leaning, large holes, loose surface materials, other serious damage. The roof shall be firm and weather tight. The exterior wall structure and surface shall not have any serious defects such as serious leaning, buckling, sagging, of interior and exterior stairways, halls, porches, walkways, etc., shall be such as not to present a danger of tripping or falling. Elevators shall be maintained in safe and operating condition.
6. **Interior Air Quality:** The dwelling unit shall be free from dangerous levels of air pollution from carbon monoxide, sewer gas, fuel gas, dust, and other harmful air pollutants. Air circulation shall be adequate throughout the unit. Bathroom areas shall have at least one (1) operable window or other adequate exhaust ventilation.
7. **Water Supply:** The unit shall be served by an approved public or private sanitary water supply.
8. **Access:** The dwelling shall be useable and capable of being maintained without unauthorized use of other private properties. The building shall provide an alternate exit in case of fire (such as fire stairs or exit through windows).
9. **Site and Neighborhood:** The site and neighborhood shall not be subject to dangerous walks, steps, instability, flooding, poor drainage, septic tank back-ups, sewage hazard or mudslides, abnormal air pollution, smoke or dust, excessive accumulation of trash, vermin, rodent infestation; or fire hazards.
10. **Smoke Detectors:** Each unit must include at least one (1) smoke detector on each level of the unit.
11. **Pools:** all units with pools “MUST” be clean, sanitary, and secured by either a screen enclosure or a fence. The minimum fence height must be four (4) feet. A gate latch must be equipped with a self-closing, self-latching mechanism to ensure safety. Private pools must have a child safety fence minimum height of four (4) feet = forty-eight (48) inches.

NOTE: It should be understood that a unit could fail inspection for an issue outside this list if the particular issue is considered a safety hazard or a sanitation concern. You may have to make other living arrangements until the unit passes inspection.

INSTRUCTIONS ON HOW TO COMPLETE ITEM 11 OF REQUEST FOR TENANCY APPROVAL

***EXAMPLE: IF TENANT PAYS ALL UTILITIES:**

ITEM	SPECIFY FUEL TYPE	PAID BY
Heating Check One →	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other	T
Cooking Check One →	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other	T
Water Heating Check One →	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other	T
Other Electric	THIS IS NOT A LEASE IF A/C UNIT SUPPLIED BY LANDLORD PUT "O" UNDER PROVIDED BY → IF LANDLORD PROVIDED REFRIGERATOR PUT "O" UNDER PROVIDED BY → IF LANDLORD PROVIDED RANGE/MICROWAVE PUT "O" UNDER PROVIDED BY →	T
Water		T
Sewer		T
Trash Collection		T
Air conditioning →		T
Refrigerator		T
Range/Microwave		T
Other (Specify)		

***EXAMPLE: IF LANDLORD PAYS WATER, SEWER, TRASH – TENANT PAYS ELECTRIC ONLY**

ITEM	SPECIFY FUEL TYPE	PAID BY
Heating Check One →	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other	T
Cooking Check One →	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other	T
Water Heating Check One →	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other	T
Other Electric	THIS IS NOT A LEASE IF A/C UNIT SUPPLIED BY LANDLORD PUT "O" UNDER PROVIDED BY → IF LANDLORD PROVIDED REFRIGERATOR PUT "O" UNDER PROVIDED BY → IF LANDLORD PROVIDED RANGE/MICROWAVE PUT "O" UNDER PROVIDED BY →	T
Water		O
Sewer		O
Trash Collection		O
Air conditioning →		T
Refrigerator		T
Range/Microwave		T
Other (Specify)		

***EXAMPLE: IF LANDLORD PAYS ALL UTILITIES**

ITEM	SPECIFY FUEL TYPE	PAID BY
Heating Check One →	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Other <input type="checkbox"/> Coal or Other	O
Cooking Check One →	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Other <input type="checkbox"/> Coal or Other	O
Water Heating Check One →	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Other <input type="checkbox"/> Coal or Other	O
Other Electric	THIS IS NOT A LEASE IF A/C UNIT SUPPLIED BY LANDLORD PUT "O" UNDER PROVIDED BY. → IF LANDLORD PROVIDED REFRIGERATOR PUT "O" UNDER PROVIDED BY → IF LANDLORD PROVIDED RANGE/MICROWAVE PUT "O" UNDER PROVIDED BY →	O
Water		O
Sewer		O
Trash Collection		O
Air conditioning →		O
Refrigerator		O
Range/Microwave		O
Other (Specify)		

LANDLORD PAYMENT INFORMATION FORM

(Must be completed by owner)

EXISTING LANDLORDS:

IF YOUR MAILING ADDRESS HAS CHANGED PLEASE FAX YOUR NEW ADDRESS TO THE FINANCE DEPT. AT (954) 497-3733 OR ACCESS OUR WEBSITE AT WWW.BCHAFL.ORG AND FILL OUT THE CHANGE OF ADDRESS FORM AS INSTRUCTED

NEW LANDLORDS: IRS REQUIRES THAT YOU

ATTACH A COPY OF THE OWNER'S SOCIAL SECURITY CARD OR FEDERAL I.D. CERTIFICATE TO THIS FORM. PLEASE FAX TO WINSOME AYTON AT (954) 497-3733. FAILURE TO PROVIDE DOCUMENTATION MAY DELAY PAYMENT

OWNER'S NAME:

OWNER'S ADDRESS

CITY:

STATE:

ZIP CODE:

HOME PHONE

WORK PHONE

MOBILE PHONE

SOCIAL SECURITY NUMBER OR FEDERAL I.D. NUMBER FOR ALL PEOPLE RECEIVING FUNDS

**IF PAYMENTS ARE MADE TO ANYONE OTHER THAN THE OWNER, PLEASE FILL OUT INFORMATION BELOW.
MONIES PAID TO YOU WILL BE REPORTED TO THE IRS**

NAME:

ADDRESS

CITY:

STATE:

ZIP CODE:

HOME PHONE

WORK PHONE

MOBILE PHONE

SOCIAL SECURITY NUMBER OR FEDERAL I.D. NUMBER FOR ALL PEOPLE RECEIVING FUNDS

DOES TENANT REQUIRE ASSOCIATION APPROVAL: YES NO

NAME OF ASSOCIATION: _____

CONTACT INFORMATION FOR ASSOCIATION: _____

FOR UNITS IN A GATED COMMUNITY – ENTRANCE CODE _____ PHONE NO. _____

ARE YOU IN ANY WAY RELATED TO THE TENANT? YES NO

_____ My initials certify that the rental unit is NOT in the process of foreclosure
(BCHA will check for foreclosures prior to approval of unit)

BROWARD COUNTY HOUSING AUTHORITY (BCHA)
4780 North State Road 7
Lauderdale Lakes, Florida 33319

DIRECT DEPOSIT AUTHORIZATION FORM

Housing Assistance Payments are deposited directly to your bank account on the 3rd Business day of each month. Monthly Itemized statements will not be mailed to you as you are now able to access and manage your account information online through our secure web-based PARTNER PORTAL software system. You will be required to register and create a user account by logging on to the BCHA website at www.bchafil.org and click on the BCHA PARTNER PORTAL and follow the required instructions.

DO NOT COMPLETE THIS FORM IF YOU ARE CURRENTLY ON DIRECT DEPOSIT AND/OR NOT UPDATING YOUR BANK ACCOUNT INFORMATION WITH BCHA, CHECK THIS BOX AND STOP HERE.

SECTION 1 – (TO BE COMPLETED BY LANDLORD/PAYEE)

I hereinafter called Owner or Agent, hereby authorize the Broward County Housing Authority, hereinafter called BCHA, to initiate credit entries to my account indicated below at the financial institution named below, hereinafter called Depository, to credit the same to such account.

If the SSN / TIN do not match BCHA records, your direct deposit sign up will not be processed.

If payments are made to an Agent, the IRS 1099 statement will be issued in the name of the Agent. PRINT CLEARLY

Legal Owner _____

Agent _____

SSN / Taxpayer ID No: _____
(Must match SSN/TIN on Check Payment Form on file)

Phone No. _____

The authorization immediately remains in full force and effect until BCHA has received written notification from me of its termination in such time and in such manner as to afford BCHA and the depository a reasonable opportunity to act upon it. I also agree to notify BCHA of any changes to my bank account information.

Authorized Signature: _____

Date: _____

Email Address: _____

SECTION 2 – (MUST BE COMPLETED BY FINANCIAL INSTITUTION)

DIRECT DEPOSIT TO BE MADE TO:
FINANCIAL INSTITUTION NAME: _____ Bank Stamp: _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____ TELEPHONE NUMBER: _____

Checking:

Savings:

BANK ROUTING NUMBER (the first nine digits prior to the account number bottom left corner of check):

BANK ACCOUNT NUMBER:

BANK OFFICIAL (please print legibly): _____ DATE: _____

INSTRUCTIONS

For checking account: ATTACH AN ORIGINAL/COPY BLANK CHECK (NOT A DEPOSIT SLIP) MARKED - VOID

Mail / Fax/ Email:

THIS AUTHORIZATION FORM ALONG WITH YOUR VOIDED CHECK TO BE SENT TO THE ABOVE ADDRESS OR FAX NUMBER (954) 497-3733, OR EMAIL TO FINANCE_DEPT@BCHAFL.ORG.

IF YOU CLOSE YOUR DIRECT DEPOSIT ACCOUNT NOTIFY BCHA IMMEDIATELY

Request for Tenancy Approval

Housing Choice Voucher Program

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169

exp. 7/31/2022

The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information **except when required by law for civil, criminal, or regulatory investigations and prosecutions.**

1. Name of Public Housing Agency (PHA) BROWARD COUNTY HOUSING AUTHORITY	2. Address of Unit (street address, unit #, city, state, zip code)
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3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
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9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)	10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____
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11. Utilities and Appliances
 The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
Refrigerator		Provided by
Range/Microwave		

12. Owner's Certifications

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

Lease MUST state the following per HUD regulations: (982.308)

- ❖ Full Name of Owner and Tenant
- ❖ Address of Unit (including apt #, City, State, Zip)
- ❖ Monthly Rent to Owner
- ❖ The term of the lease (Initial term and any provisions for renewal such as month to month, 12 months, etc.)
- ❖ Specify Utilities and Appliances to be supplied by the owner and tenant
 - Must specify who pays for or supplies: electric, water, sewer, trash, natural gas, refrigerator, stove, air conditioner and any additional appliances
- ❖ Specify, if applicable Lawn and Pool Maintenance Responsibilities
- ❖ HUD Tenancy Addendum MUST be attached to the lease

THIS DOCUMENT IS NOT A LEASE



Building on Success

INITIAL RENT SURVEY AMENITIES CHECKLIST

Please complete this form in its entirety. An "incomplete" form will delay the approval or disapproval of the requested rent.

Unit Address: _____

Owner Name: _____ Contact phone number: _____

Cell phone number: _____ E-mail: _____

Rent amount requesting: \$ _____ Total number bedrooms: _____ Year unit built: _____

Total number bathrooms in unit: _____ Full bathroom: _____ Half bathroom: _____

Total Square Footage _____

Check one below for type of unit:

House Row-house/Townhouse Garden Walk Up High Rise Duplex

Indicate items paid by inserting (O) for Owner or (T) for Tenant:

Electric	Water	Sewer	Trash	Gas	Lawn	Pest Control

Please check off amenities provided by owner:

Washer/Dryer		Dishwasher		Refrigerator		Garbage Disposal		Gated	
Stove		Microwave		Laundry Room		Central AC		Wall Unit A/C	

If Gated Community; please provide entry Gate Code: _____

I certify the following:

- Unit is ready for inspection and in move in condition: _____
(Initial above)
- Applicant/Participant has conducted a walk thru the actual unit they intend to rent: _____
(Initial above)

Intake/Occupancy Specialist: _____

Date submitted to Inspections department: _____ Renewal Date: _____

Applicant/Participant name: _____
(Please print)

CURRENT LEASE EXPIRATION DATE: _____
(if applicable)

<p>Official Use Only: Final approved rent \$ _____ Approved by Landlord/owner _____ Or Refused _____ Meets the 40% income amount of \$ _____ Supervisor Initials _____</p>
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Building on Success

Record Search for Housing

Tenant Name: _____ **Intake/Occupancy Specialist:** _____

Email: _____

Instruction: Submit this form to request an extension on your Voucher.

This form will help you keep a record of your search for housing. Enter the information for each unit you looked at.

*****Additional space added on reverse side*****

Date	Complete Unit Address	Amount of Rent	Owners Name	What Happen?

Tenant Signature: _____ **Date:** _____

The Housing Authority is required to collect data regarding your search for suitable housing. Please complete the following before submitting to your Specialist:

1. What do you find is causing you difficulty in locating a suitable unit for your family? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Transportation difficulties
<input type="checkbox"/> Security Deposit Amounts Required
<input type="checkbox"/> Condominium Association
<input type="checkbox"/> GoSection8 Listings are outdated/inaccurate | <input type="checkbox"/> Rent Amounts requested by the landlords
<input type="checkbox"/> Units are already rented
<input type="checkbox"/> Difficulty with listings/resource other than Go Section 8
<input type="checkbox"/> Other: _____ |
|--|--|

2. Are you searching in only one particular area (example: Plantation)? If so, which city?

3. What amenities attract you to the city you are searching in? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Transportation Availability
<input type="checkbox"/> Family/Friends nearby
<input type="checkbox"/> Doctors and Medical services
<input type="checkbox"/> More landlords accept Section 8 | <input type="checkbox"/> Location/Grades of Schools/Education
<input type="checkbox"/> Employment
<input type="checkbox"/> Location of Grocery Stores
<input type="checkbox"/> Other services nearby |
|---|---|

