



For Office Use Only Vendor #: County:

PARTICIPATING LANDLORD

Please complete and return this form to SEK-CAP, Inc. in the provided envelope.

Landlord Name (Owner of Property): _____

Business Name (Name on W-9): _____

Manager (Contact Person): _____

Mailing Address (Address, City, St, Zip): _____

Mobile Phone: _____ **Other Phone:** _____

Email: _____ **Fax:** _____

Would you like to be placed on our Landlord listing? YES NO

- Our landlord listing is handed out to new or current tenants that are searching for a place to rent.

If yes, please continue answering the remaining questions about your rentals:

1. What cities do you have rentals in?
 - a.
2. How many bedrooms are in the units? (1brm, 2bm, etc.)
 - a.
3. Do you have any handicap accessible units? YES or NO
4. Do you allow smoking? YES or NO
5. Do you allow pets? YES or NO
6. Do you provide any appliances? YES or NO
 - a.
7. Who is responsible for utilities? TENANT or LANDLORD

Signature

Date