

# POMONA HOUSING AUTHORITY

505 S. Garey Ave., P.O. Box 660 Pomona, CA 91769, (909) 620-2368, FAX (909) 620-4567



## Unit Amenities

Tenant Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

# of Bedrooms (Circle One): 0 1 2 3 4 5 6 #Bathrooms (Circle one): 1 1.5 2 2.5 3

Square Footage: \_\_\_\_\_ Year Built \_\_\_\_\_

Property Type (Select One): ☐ Single Family Home ☐ Townhouse ☐ Duplex  
☐ Apartment ☐ Other: \_\_\_\_\_

Unit Amenities: Refers to features and/or appliances that are included with the unit. Check boxes "Yes" or "No" that designate which amenities are provided by the owner and which are not:

Amenity Provided?	Yes	No		Amenity Provided?	Yes	No
Washer				Microwave		
Dryer				Garbage Disposal		
Washer/Dryer Hook up				Swimming Pool		
Onsite Laundry				Gated Community		
Dishwasher				Balcony		
Refrigerator				Landscaping		
Stove				Pest Control		
Ceiling Fan				Trash		

Amenity Provided?	Yes	No	Type	
Cooling			<input type="checkbox"/> Window	<input type="checkbox"/> Central
Heating			<input type="checkbox"/> Wall	<input type="checkbox"/> Central
Garage			<input type="checkbox"/> 1-Car	<input type="checkbox"/> 2-car
Assigned Parking			<input type="checkbox"/> 1 Space	<input type="checkbox"/> 2 Spaces <input type="checkbox"/> Covered Carport

I certify and affirm under penalty of perjury that the above information is true and correct. I understand that Section 101 of Title 18 of the U.S. code makes it a criminal offense to make willful, false statements or misrepresentations to any department or agency of the U.S. at any matter within its jurisdiction.

Print Name of Owner/Payee \_\_\_\_\_

Signature of Owner/Payee \_\_\_\_\_