

BROWN UNIVERSITY OFF-CAMPUS HOUSING SERVICE LISTING FORM

**SEEKING HOUSEMATE(S) TO SHARE MY APARTMENT/HOUSE**

For a \$60.00 listing fee, you may advertise a SINGLE property in ONE category for 60 days.

CATEGORIES CANNOT BE CHANGED ONCE SUBMITTED.

Location of Property

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Distance from Brown campus in miles: \_\_\_\_\_ In Blocks: \_\_\_\_\_ Distance to bus line: \_\_\_\_\_

Date or range of dates that unit will be available: \_\_\_\_\_

I am a  Male  Female Prefer to live with a  Male  Female

Rent: \$ \_\_\_\_\_ per month

Please check what is available:

- One Bedroom
- Two Bedrooms
- Three Bedrooms

Rent Includes:

- Heat
- Hot Water
- Gas
- Electricity
- \_\_\_\_\_
- \_\_\_\_\_

Located on which floor:

- Basement
- 1<sup>st</sup>
- 2<sup>nd</sup>
- 3<sup>rd</sup>
- 4<sup>th</sup>
- Other

	Yes	No		Yes	No	
Furnished	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Parking Available	<input type="checkbox"/>	<input type="checkbox"/>		Living Room	<input type="checkbox"/>	<input type="checkbox"/>
Parking Included In Rent	<input type="checkbox"/>	<input type="checkbox"/>		Dining Room	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Facilities Available	<input type="checkbox"/>	<input type="checkbox"/>	_____	Storage Areas	<input type="checkbox"/>	<input type="checkbox"/>
Pets Allowed	<input type="checkbox"/>	<input type="checkbox"/>	_____	Smoking Allowed	<input type="checkbox"/>	<input type="checkbox"/>

Contact Information

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

General Information

Is this accommodation accessible to those with ambulatory impairments? \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read carefully:** We accept for rental listing only those apartments, rooms, and houses that comply with the practices and procedures adopted by Brown University. Your signature below certifies that you have read the reverse side of your listing form copy and agree to all the fees and conditions stipulated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE VIEW YOUR AD @ [http://www.brown.edu/Administration/Auxiliary\\_Housing/Listings/index.php](http://www.brown.edu/Administration/Auxiliary_Housing/Listings/index.php) & NOTIFY THIS OFFICE AT ONCE OF ANY MISPRINTS OR OMISSIONS @ [AUXILIARY\\_HOUSING@BROWN.EDU](mailto:AUXILIARY_HOUSING@BROWN.EDU) OR ( 401) 863-2541. ALSO, PLEASE NOTIFY US WHEN THE UNIT HAS BEEN RENTED SO THAT THE AD CAN BE REMOVED.

**RETURN ADDRESS: AUXILIARY HOUSING, BOX 1902, BROWN UNIVERSITY, PROVIDENCE, RI 02912**  
**PLEASE RETAIN A COPY FOR YOUR RECORDS**