



BCAOMA
TO ADD YOUR LISTING PLEASE FAX COMPLETED FORM TO:
Fax: 1.800.997.3299 Tel: 1.800.862.9874

**1 Month
Free Listing***

Your listing will be added within 24 hours
 * All new members receive a 1 month free listing

PERSONAL CONTACT INFORMATION

First Name: _____ Email: _____
 Last Name: _____ Address: _____
 City: _____ Fax: _____
 Phone: _____ State/Zip: _____

PROPERTY TYPE

Apartment Condo Duplex/Triplex Shared/Roommate
 House House Apartment Townhouse

UNIT TYPE (Complete one line per available suite in building)

_____ Studio	_____ Baths	_____ Rent	_____ Sq.ft	_____ Deposit
_____ Bedroom	_____ Baths	_____ Rent	_____ Sq.ft	_____ Deposit
_____ Bedroom	_____ Baths	_____ Rent	_____ Sq.ft	_____ Deposit
_____ Bedroom	_____ Baths	_____ Rent	_____ Sq.ft	_____ Deposit
_____ Bedroom	_____ Baths	_____ Rent	_____ Sq.ft	_____ Deposit

Example: 2 Bedroom 1 Baths \$\$\$ Rent 700 Sq.ft \$\$\$ Deposit

PROPERTY INFORMATION

Headline/Building Name: _____
 Contact Person: _____
 Street Address: _____
 City of Listing: _____
 State: _____ ZIP: _____
 Date Available: _____

Rental Term (check one)

Fixed Term Lease
 Month-to-Month
 Optional
 Call

Pets Policy (check one)

No Pets Allowed
 Negotiable Other
 Cats
 Small Dog

Smoking Permitted: Yes No

Disability Accessible: Yes No

LISTING FEATURES (Check all that apply)

<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Fridge	<input type="checkbox"/> Stove	<input type="checkbox"/> Washer	<input type="checkbox"/> Dryer
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> W/D Hook-up	<input type="checkbox"/> Laundry Facility	<input type="checkbox"/> Near Laundromat	<input type="checkbox"/> AC
<input type="checkbox"/> Private Bathroom	<input type="checkbox"/> Shared Room	<input type="checkbox"/> In-law Suite	<input type="checkbox"/> Skylight	<input type="checkbox"/> Window covers
<input type="checkbox"/> Security System	<input type="checkbox"/> Cable (TV)	<input type="checkbox"/> Satellite Dish	<input type="checkbox"/> Internet Ready	<input type="checkbox"/> Fireplace(s)
<input type="checkbox"/> Game/Party Room	<input type="checkbox"/> Controlled Entrance	<input type="checkbox"/> Balcony/Patio	<input type="checkbox"/> Scenic View	<input type="checkbox"/> Water Front
<input type="checkbox"/> Hardwood Floors	<input type="checkbox"/> Carpet Throughout	<input type="checkbox"/> New Carpet	<input type="checkbox"/> New/Renovated	<input type="checkbox"/> Furnished

ADDITIONAL FEATURES (Check all that apply)

<input type="checkbox"/> Close to Rec. Center	<input type="checkbox"/> Close to Schools	<input type="checkbox"/> Close to Park(s)	<input type="checkbox"/> Close to Transit	<input type="checkbox"/> Close to Shops
<input type="checkbox"/> Pool	<input type="checkbox"/> Jacuzzi/Sauna	<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Walk to Campus	<input type="checkbox"/> On campus Route
<input type="checkbox"/> Storage Locker	<input type="checkbox"/> Workshop	<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Elevator	<input type="checkbox"/> Landscape/fence
<input type="checkbox"/> Street Parking	<input type="checkbox"/> Assigned Parking	<input type="checkbox"/> Covered Parking	<input type="checkbox"/> Garage	<input type="checkbox"/> Secured Garage
<input type="checkbox"/> Partial Utilities Incl.	<input type="checkbox"/> Utilities Incl.	<input type="checkbox"/> Utilities Pd. By Tenant	<input type="checkbox"/> Meals Inc.	<input type="checkbox"/> Co-Signer allowed

Please review the Non Discrimination Policy

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Description Text: Any additional information, special or unique about your suite/building and instructions potential tenants need to know

Authorized by: (Print Name) _____ (Signature) _____

Pictures and Floor Plans

Pictures and floor plans can be added by emailing digital images to info@bcaomarentals.com.

They can also be added online. If you have any questions, please call (800)862-9874.

You may also place your listing on-line, visit www.bcaomarentals.com