



Jefferson Metropolitan Housing Authority Landlord Apartment Listing Form

Unit Address: _____

Number of Bedrooms: _____

Monthly Rent: _____ Deposit: _____

Utilities Included in Rent: _____

Appliances Provided in Unit: _____

Date Unit Available: _____

Lease Restrictions: _____

Landlord to Contact: _____ Phone Number: _____

**Please return this form to the
Jefferson Metropolitan Housing Authority
Attn: Section 8 Department
153 N 5th Street
Steubenville, OH 43952**

Phone: (740) 461-4339

Fax: (740) 284-7079
