



Landlord Referral Register

Owner Name: _____

Mailing Address: _____

Owner Phone: _____

Contact Person: _____

Phone: _____ Email: _____

- Please add or keep my name on the referral list.
- Please remove my name from the referral list.
- Please send me more informaton concerning the Section 8 Housing Choice Voucher.

If you currently have a vacancy and would like to list it on our website, please visit:
www.nhhfa.org. Path: Rental Housing/Add to Vacant Unit List.

County: _____

City/Town: _____

Street Address: _____

Number Bedrooms: _____

Rent Amount? \$ _____

Contact Information: _____

Contact Phone: _____

Barrier Free? Yes No

Energy Star Appliances? Yes No

County: _____

City/Town: _____

Street Address: _____

Number Bedrooms: _____

Rent Amount? \$ _____

Contact Information: _____

Contact Phone: _____

Barrier Free? Yes No

Energy Star Appliances? Yes No

4/2014

NEW HAMPSHIRE HOUSING FINANCE AUTHORITY

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NHHFA.org

