



### Marketplace Seller Information Form

\*Please fill out and submit to Kelan Craig ([kelancraig@cohhio.org](mailto:kelancraig@cohhio.org)) for approval.

Are you?

Number of total units:

Name of Property:

\_\_\_\_\_

Street Address:

Number of ADA accessible units:

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Number of Bedrooms by Size:

Zip Code: \_\_\_\_\_

Efficiencies: \_\_\_\_\_

Owner Name:

1 Bedrooms: \_\_\_\_\_

\_\_\_\_\_

2 Bedrooms: \_\_\_\_\_

Owner Phone Number:

3 Bedrooms: \_\_\_\_\_

\_\_\_\_\_

4 Bedrooms: \_\_\_\_\_

Owner Email Address:

5+ Bedrooms: \_\_\_\_\_

\_\_\_\_\_

Subsidy type:

Management Company Name:

\_\_\_\_\_

\_\_\_\_\_

Financing:

Number of buildings: \_\_\_\_\_

\_\_\_\_\_

Building Type:

FHA or USDA Mortgage Expiration  
Date:

Resident Type:

Number of assisted units:

\_\_\_\_\_

\_\_\_\_\_

Project Based Subsidy Expiration Date:

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Current Occupancy (percentage):

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Gross Annual Income – or current unit  
rents:

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Utilities Paid By:

Laundry:

Name of person submitting this form:

Are you authorized to submit this form?