OACAC HOUSING ASSISTANCE PROGRAM

Southwest Missouri Rental Survey

Serving the following Counties: Barry, Christian, Dade, Dallas, Greene (NOT Springfield city limits), Lawrence, Polk, Stone, Taney & Webster

Instructions: *The purpose of this survey is to help the OACAC Housing Program identify properties that are available FOR RENT to current Housing assistance voucher holders. This information will be given to voucher holders searching for a rental home. This is not a guarantee that OACAC will provide a renter for your property or that the tenant will be eligible to rent your unit. For questions, please call (417) 864-3444. PLEASE EMAIL THE SURVEY BACK TO housing@oac.ac. Thank you!!*

Date: _____ County of Rental Unit: _____

Street Address of Rental Unit: _____

City: _____

1. **RENT PRICE**: $_____ per month. (Most recent rent charged).
2. **UTILITIES FURNISHED BY OWNER:** and included in the rent price above:
   ☐Gas ☐Electricity ☐Water ☐Sewer ☐Trash Removal
   ☐Other: _____ ☐None

3. **UNIT SIZE**: ☐1 Bedroom ☐2 Bedroom ☐3 Bedroom ☐4 Bedroom ☐5+ Bedrooms
4. **TYPE OF RESIDENTIAL PROPERTY**: (Check one that best describes the type of unit)
   ☐Single Family detached home ☐Duplex/4-plex ☐Townhouse/Row House
   ☐Manufactured Home ☐ Low rise ☐ High rise (4 or more stories)

5. **AGE OF UNIT**: Year built _____ (Estimate if unknown)

6. **AMENITIES and FACILITIES** provided: (check all that apply)
   ☐High quality flooring ☐Storm door or windows ☐Other forms of weatherization
   ☐Balcony/Patio/Deck ☐Separate freezer ☐Double sink (kitchen) ☐Dishwasher
   ☐Garbage Disposal ☐Double oven/self-cleaning or built-in microwave
   ☐Refrigerator ☐Modern appliances ☐Pantry or abundant shelfing/cabinets
   ☐Abundant counter top space ☐Double sink (bath) ☐Special feature showerhead
   ☐Built-in heat lamp ☐Large mirrors ☐Glass door on shower/tub ☐Separate dressing room
   ☐Playground ☐Garage/parking facilities ☐Driveway ☐ Large Yard
   ☐Owner upkeep of grounds ☐ Good maintenance of building exterior
   ☐Unit is accessible to a particular disability ☐Other: _____

7. **MAINTENANCE SERVICES** provided by the owner:
   ☐General ☐Lawn Services ☐Pest Control ☐Other: _____ ☐None
8. **ACCESSIBILITY to SERVICES**: (approx. # miles) ____Stores ___Schools _____Medical

What date will the unit be available for rent? _____

Owners Name: _____

Owners Contact Mailing Address: _____

_____

Owners Phone: (____) Owners Email: _____

Please return this form to: OACAC HOUSING PROGRAM●215 S. BARNES●SPRINGFIELD, MO 65802

housing@oac.ac *Thank You for your Assistance!*

7/2026