

**ALLEGHENY
COUNTY
HOUSING
AUTHORITY**



**RETHINK
SECTION 8**

(REQUEST FOR A PRE-INSPECTION FORM)

Landlord Name: _____

Landlord Cell#: _____ Home/Work#: _____

Landlord Email Address: _____

Property Address: _____

Type of Property: Single Family Dwelling___ Apartment___ Row/Town House___

Garage: Integral___ Detached___ None___

Number of Bedrooms: _____

Please complete and return to: Landlord Liaison Michael Falce

mfalce@achsng.com 412-402-2412

