

Housing Survey

Housing Choice Voucher Program

Survey # _____

Please complete all of the information about the housing unit listed below.

Unit Location

Building Name (optional) _____
 Street Address _____ Apt # _____
 City, State, ZIP _____

Management and Owner Information

Management Information

Managed By Owner
 Management Company
 Mgr Name _____
 Mgr Phone _____
 Is the Owner / Manager On-Site? Yes No

Owner Information

Owner Name _____
 Owner Address _____
 City _____
 State _____ ZIP _____

Unit Size, Cost and Utilities Provided

Size of Unit

Number of Bedrooms _____
 Number of Bathrooms _____
 Square Footage Above Average
 Average
 Below Average

Lease Information

Current Rent \$ _____
 Date Rented _____

Owner Paid Utilities

Check all utilities that are included in the rent

Heat Water Heat Water Trash Collection Refrigerator
 Cooking Other Electric Sewer Air Conditioning Range

Types of Utilities Used

The unit is heated with:

Natural Gas Electric
 Bottle Gas Coal
 Oil Other

The hot water is heated with:

Natural Gas Electric
 Bottle Gas Coal
 Oil Other

The stove uses:

Natural Gas
 Electric
 Bottle Gas

OFFICE USE ONLY

Contract Rent: _____
 Utility Allow: _____
 Gross Rent: _____
 Census Tract: _____

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Unit Type, Quality and Age

Unit Type

Check the one box that best describes the unit

- | | |
|---|--|
| <input type="checkbox"/> Older Home Converted | <input type="checkbox"/> Older Multi-Family |
| <input type="checkbox"/> High Rise | <input type="checkbox"/> Two/Three Family (Duplex) |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Single Family Detached |
| <input type="checkbox"/> Row House/Garden Apt | |

Quality of the Unit

Describe the overall quality and condition of the unit in comparison with other apartments you have seen.

- Above Average
 Average
 Below Average

Age

Estimated year of construction or last major renovation _____

Accessibility

Check all boxes that apply if the unit has specific features to assist people with the following types of disabilities:

- Hearing Other
 Sight
 Mobility

Amenities, Services and Maintenance

Check all of the items listed below that are included in the rent of the unit.

- Balcony, patio, deck, porch
- Carpet
- Central Air or A/C
- Dishwasher
- Drapes
- Garage or parking facilities
- Garbage Disposal
- Laundry Facilities
- Storage
- Washer/Dryer Hookups

Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 if I furnish false or incomplete information.

Name

Signature

Date

OFFICE USE ONLY

Contract Rent: _____

Utility Allow: _____

Gross Rent: _____

Census Tract: _____