



HOUSING SURVEY

Housing Choice Voucher Program

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

Manager Name _____

Manager 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

Lease Information

Current Rent \$ _____

Date Rented _____

Below Average

Owner Paid Utilities

Check all 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:

The hot water is heated with:

The stove uses:

_____ Natural Gas _____ Electric
_____ Bottle Gas _____ Coal
_____ Oil _____ Other

_____ Natural Gas _____ Electric
_____ Bottle Gas _____ Coal
_____ Oil _____ Other

_____ Natural Gas
_____ Electric
_____ Bottle Gas

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UNIT TYPE, QUALITY AND AGE

Unit Type

Check the one that best describes the unit

_____ Older Home Converted _____ Older Multi-Family
_____ High Rise _____ Two/Three Family (Duplex)
_____ Mobile Home _____ Single/Family Detached
_____ Row House/Garden Apt.

Quality of the Unit

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

Above Average
 Average
 Below Average

Age

Estimated year of construction or last major renovation _____

Accessibility

Check all 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
_____ Dishwasher
_____ Driveway
_____ Exceptional size relative to needs of family
_____ Garage or parking facilities
_____ Garbage Disposal
_____ Good maintenance of building exterior
_____ Good upkeep of grounds
_____ High quality floors or wall coverings
_____ Large yard
_____ New Windows

- _____ Other forms of weatherization
- _____ Screen doors or windows
- _____ Storage
- _____ Storm windows and doors
- _____ Washer and/or dryer connection
- _____ Washer / dryer on site
- _____ Working fireplace

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 _____