

Housing Survey

Housing Choice Voucher Program

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 _____

Unit is assisted under a Federal, State or local government program or the rent and rent increases are restricted by law or court action. ☐ Yes ☐ No

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 ☐ Bottle Gas
☐ Electric ☐ Heat Pump

The stove uses:

☐ Natural Gas ☐ Bottle Gas ☐ Oil
☐ Electric ☐ Heat Pump ☐ Other

The hot water is heated with:

☐ Natural Gas ☐ Bottle Gas ☐ Oil
☐ Electric ☐ Heat Pump ☐ Other



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Unit Type, Quality and Age

Unit Type

Check the one box that best describes the unit

- | | |
|--|--|
| <input type="checkbox"/> High Rise | <input type="checkbox"/> Single Family Detached |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Two/Three Family (Duplex) |
| <input type="checkbox"/> Older Multi-Family | |
| <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 ☐ Sight
☐ Mobility
☐ Other

Amenities, Services and Maintenance

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

- ☐ Balcony, patio, deck, porch
☐ Driveway
☐ Exceptional size relative to needs of family
☐ Garage or parking facilities
☐ Good maintenance of building exterior
☐ Good upkeep of grounds
☐ High quality floors or wall coverings
☐ Large yard
☐ Other forms of weatherization
☐ Screen doors or windows
☐ Storm windows and doors
☐ Working fireplace

Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief.

Name

Signature

Date

