1500

Exhibit 4.20.01

Initial Rent Request (Vouchers) - Housing Survey Form

Unit Type, Quality and Age

Unit Type
Check the one box that best describes the unit

- ☐ High Rise
- ☐ Low Rise 3,4 stories
- ☐ Mobile Home
- ☐ Row House/Garden/Townhouse
- ☐ Semi Detached Duplex
- ☐ Shared Housing
- ☐ Single Family Detached
- ☐ Single Room Occupancy

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.

- ☐ Access to Medical
- ☐ Access to Schools
- ☐ Access to Transportation
- ☐ Air Conditioning
- ☐ Air Conditioning - Wall Unit
- ☐ Alarm Security Service
- ☐ Carpeting
- ☐ Ceiling Fans
- ☐ Community Room
- ☐ Covered Parking
- ☐ Day Care
- ☐ Dishwasher
- ☐ Elevator
- ☐ Fenced Yard
- ☐ Fireplace
- ☐ Garage
- ☐ Garbage Disposal
- ☐ Gardener
- ☐ Ground Level Unit
- ☐ Laundry Facilities
- ☐ Microwave
- ☐ New Floor Coverings
- ☐ New Window Coverings
- ☐ On site Management
- ☐ On-Site Maintenance
- ☐ Park
- ☐ Patio/Deck
- ☐ Playground
- ☐ Pool Service
- ☐ Pool/Spa
- ☐ Refrigerator
- ☐ Remodeled Unit
- ☐ Security Guard/System
- ☐ Storage
- ☐ Trash Collection
- ☐ Trash Compactor
- ☐ Washer/Dryer Hookups
- ☐ Washer/Dryer Provided
- ☐ Wheelchair Accessible
- ☐ Other _____
- ☐ Other _____

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 and Title _____ Signature _____ Date _____