

Exhibit 4.20.01

Initial Rent Request (Vouchers) - Housing Survey Form

Please complete all of the information about the proposed project listed below.

Project Location

Project Name _____

Street Address _____

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

_____ ☐ Above Average
Bedroom Count Bathroom Count Sq. ☐ Average
Footage ☐ Below Average

_____ ☐ Above Average
Bedroom Count Bathroom Count Sq. Footage ☐ Average
☐ Below Average

Initial Rent Request (Vouchers)*

\$ _____ - \$ _____ = \$ _____
Gross Rent Utility Allowance** Net Rent

\$ _____ - \$ _____ = \$ _____
Gross Rent Utility Allowance** Net Rent

*Rent request must be consistent with Exhibit 4.03-A Development Financial Proforma Rent tab.

**Utility allowance should match Exhibit 4.31 Utility Schedule Form

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 ☐ Oil
☐ Electric
☐ Bottle Gas

The stove uses:

☐ Natural Gas ☐ Oil
☐ Electric
☐ Bottle Gas

The hot water is heated with:

☐ Natural Gas ☐ Oil
☐ Electric
☐ Bottle Gas

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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"/> Semi Detached Duplex |
| <input type="checkbox"/> Low Rise 3,4 stories | <input type="checkbox"/> Shared Housing |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Single Family Detached |
| <input type="checkbox"/> Row House/Garden/Townhouse | <input type="checkbox"/> 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.

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

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