

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		Owner Information	
Managed By	<input type="checkbox"/> Owner <input type="checkbox"/> Management Company	Owner Name	_____
Mgr Name	_____	Owner Address	_____
Mgr Phone	_____	City	_____
Is the Owner / Manager On-Site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State	_____ ZIP _____

Unit Size, Cost and Utilities Provided

Size of Unit			Initial Rent Request (Vouchers)*		
_____	_____	_____	\$ _____	+ \$ _____	= \$ _____
Bedroom Count	Bathroom Count	Sq. Footage	Contract or Net Rent	Utility Allowance**	Gross 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:	The stove uses:	The hot water is heated with:
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil
<input type="checkbox"/> Electric	<input type="checkbox"/> Electric	<input type="checkbox"/> Electric
<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Bottle Gas

Exhibit 4.20.01

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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