

Exhibit 4.20.02

Comparable Rent Request (Vouchers) - Housing Survey Form

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 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

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"/> Access to Transportation	<input type="checkbox"/> New Floor Coverings	
<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
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