

ATTACHMENT B

Office of the Secretary (OS)
Form 2000

**PRIVATE RENTAL SURVEY
HOUSES – APARTMENTS – MOBILE HOMES**

OMB Control Number 1084-0033

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|-----------------------------|---------------------|--------------------|
| City and State: | | |
| Address of Housing Sample: | | |
| Name of Owner/Agent: | | |
| Address of Owner/Agent: | Survey I.D. Number: | Community Code: |
| Survey Community and State: | Zip Code: | Owner/Agent Phone: |

HOUSING DATA (FILL IN APPROPRIATE BLANKS AND CHECK BEST CHOICE)

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| <p>1. Year Constructed <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>2. Gross Finished Floor Space of Each Individual Housing Unit (square feet)</p> <p>Basement <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>First Floor <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Other Floors <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>3. Gross Unfinished Basement Space <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>4. Number of Bedrooms <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>5. Number of Bathrooms <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> (note: .25 per fixture; shower only = .75)</p> <p>6. Number of Rooms <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> (excludes bathrooms)</p> <p>7. Exterior Condition</p> <p><input type="checkbox"/> A. Excellent <input type="checkbox"/> D. Poor</p> <p><input type="checkbox"/> B. Good <input type="checkbox"/> E. Obsolete</p> <p><input type="checkbox"/> C. Fair</p> <p>8. Interior Condition</p> <p><input type="checkbox"/> A. Excellent <input type="checkbox"/> D. Poor</p> <p><input type="checkbox"/> B. Good <input type="checkbox"/> E. Obsolete</p> <p><input type="checkbox"/> C. Fair</p> <p>9. Primary Heating Energy</p> <p><input type="checkbox"/> A. Natural Gas</p> <p><input type="checkbox"/> B. Liquid Propane Gas</p> <p><input type="checkbox"/> C. Fuel Oil</p> <p><input type="checkbox"/> D. Electricity – resistance heat</p> <p><input type="checkbox"/> E. Electricity – heat pump</p> <p><input type="checkbox"/> F. Coal</p> <p><input type="checkbox"/> G. Wood</p> <p><input type="checkbox"/> H. Solar</p> <p><input type="checkbox"/> I. None</p> | <p>10. Central Cooling System</p> <p><input type="checkbox"/> A. Refrigerated Air</p> <p><input type="checkbox"/> B. Evaporative Air</p> <p><input type="checkbox"/> C. Both <input type="checkbox"/> D. None</p> <p>11. Window Cooling</p> <p><input type="checkbox"/> No. of Refrigerated Air Units</p> <p><input type="checkbox"/> No. of Evaporative Air Units</p> <p>12. Trailer Pad Construction</p> <p><input type="checkbox"/> A. Hard Surface (cement, asphalt, etc.)</p> <p><input type="checkbox"/> B. Natural Surface (dirt, gravel, etc.)</p> <p><input type="checkbox"/> C. Not Applicable</p> <p>13. Garage/Carport</p> <p><input type="checkbox"/> A. Garage – Single Car</p> <p><input type="checkbox"/> B. Garage – Double Car</p> <p><input type="checkbox"/> C. Carport</p> <p><input type="checkbox"/> D. None</p> <p>14. Rent Class</p> <p><u>Single Family House</u></p> <p><input type="checkbox"/> A. 4 Bedroom</p> <p><input type="checkbox"/> B. 3 Bedroom</p> <p><input type="checkbox"/> C. 2 Bedroom</p> <p><input type="checkbox"/> D. 1 Bedroom</p> <p><u>Apartment Unit</u></p> <p><input type="checkbox"/> E. 3 Bedroom</p> <p><input type="checkbox"/> F. 2 Bedroom</p> <p><input type="checkbox"/> G. 1 Bedroom</p> <p><input type="checkbox"/> H. 0 Bedroom (Efficiency)</p> <p><u>Mobile Home</u></p> <p><input type="checkbox"/> M. Any Size</p> | <p>15. Duplex / Triplex</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Appliances Furnished by Landlord (Insert #)</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Range</p> <p><input type="checkbox"/> Dishwasher</p> <p><input type="checkbox"/> Washer</p> <p><input type="checkbox"/> Dryer</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Microwave Oven</p> <p><input type="checkbox"/> Trash Compactor</p> <p>17. Services Paid for by Landlord</p> <p>Water (incl. well) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sewer (incl. septic) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Garbage <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Lawn Care <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cable TV <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Satellite Dish hook-up <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electricity <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Heating Fuel <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Firewood <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Snow Removal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Furnishings Provided by Landlord (enter # of furnished rooms) <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>19. Fireplace</p> <p><input type="checkbox"/> A. Working Fireplace</p> <p><input type="checkbox"/> B. No Fireplace or Not Working</p> <p>20. Free Standing Stove (i.e. a stove that is not inside of, attached to, in front of or vented through a fireplace)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Monthly Contract Rental Rate (round to nearest dollar)</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> |
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Completed By: _____

Printed Name: _____

Date: _____