Office of the Secretary (OS) Form 2000

## PRIVATE RENTAL SURVEY HOUSES – APARTMENTS – MOBILE HOMES

OMB Control Number 1084-0033 Expires mm-dd-yyyy

Form 2000	13 - MOBILE HOM	LJ	Expires mini-da-yyyy		
Survey Community and State :					
Street Address of Housing Unit:					
City and State:					
Name of Owner/Agent:		Zip Code:	Community Code:		
Address of Owner/Agent:		Phone of Owner/Agent: Surve		Survey I.D. Number:	
HOUSING DATA (FILL IN APPROPRIATE BLANKS AND CHECK BEST CHOICE)					
Year Constructed	10. Central Cooling S  None	ystem		s Paid for by Landlord incl. well)  Yes  No	
2. Gross Finished Floor Space of Each Individual Housing Unit (square feet)  Basement First Floor Other Floors  3. Gross Unfinished Basement Space  4. Number of Bedrooms 5. Number of Bathrooms (note: .25 per fixture; shower only = .75)  6. Number of Rooms (excludes bathrooms)  7. Exterior Condition  Excellent Good Fair Poor  8. Interior Condition  Excellent Good Fair Poor  9. Primary Heating Energy  Natural Gas Liquid Propane Gas Fuel Oil Electricity – resistance heat Electricity – heat pump	Refrigerated A Evaporative A Both Refrigera  11. Window Cooling I	ated & Evaporative Units rated Air Units ative Air Units  gle Car uble Car Plexed  Shed by Landlord	Sewer ( Garbag Lawn C Cable T Satellite Electric Heating Firewood Snow R  16. Furnish (enter #  17. Firepla Wool No 18. Free S not inside vented Yes  19. Monthly	(incl. septic) Yes No e Yes No TYes TYEN TYEN TYES TYEN TYEN TYEN TYEN TYEN TYEN TYEN TYEN	
Electricity – heat pump Coal Wood Solar None				OS-2000	

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Paperwork Reduction Act Statement: This information is being used to determine private sector rental rates for houses, apartments and mobile homes, and subsequently to establish rental rates for occupants of government-furnished quarters. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid Office of Management and Budget (OMB) control number.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 6 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Office of the Secretary, Office of Acquisition and Property Management, 1849 C Street NW, MS 4262, Washington, DC 20240.

**Privacy Act Statement:** Your participation is voluntary. If you do participate, you do not have to give us personal information in order to complete this form. The data obtained from you will be treated anonymously, and will be used only for statistical purposes – to measure private rental rates in your community and region. However, we reserve the right to contact you to clarify this information or to verify our contractor's performance. We will not disclose this information; it is published only in aggregate form. We do not give, sell or transfer any personal information to a third party. It will not be shared with other property managers or rental companies. Direct comments regarding the Privacy Act, or any other aspect of this form, to the U.S. Department of the Interior, Office of the Secretary, Office of Acquisition and Property Management, 1849 C Street NW, MS 4262, Washington, DC 20240.

Completed By:	
Printed Name:	
Date:	-