Office of the Secretary (OS)

## PRIVATE RENTAL SURVEY HOUSES - APARTMENTS - MOBIL F HOMES

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

Survey Community and State :    Street Address of Housing Unit:   Zip Code:   Community Code:	Form 2000 HOUS	ITS - MOBILE HOME	ES	Expires mm-dd-yyyy		
Name of Owner/Agent:   Zip Code:   Community Code:	Survey Community and State :					
Name of Owner/Agent: Zip Code: Community Code:  Address of Owner/Agent: Phone of Owner/Agent: Survey I.D. Number:  HOUSING DATA (FILL IN APPROPRIATE BLANKS AND CHECK BEST CHOICE)  1. Year Constructed	Street Address of Housing Unit:					
HOUSING DATA (FILL IN APPROPRIATE BLANKS AND CHECK BEST CHOICE)  1. Year Constructed	City and State:					
HOUSING DATA (FILL IN APPROPRIATE BLANKS AND CHECK BEST CHOICE)  1. Year Constructed	Name of Owner/Agent:		Zip Code: Commi		Community Code:	
10. Central Cooling System  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 Bedfrooms (note: .25 per fixture; shower only = .75) 6. Number of Bodfrooms (excludes bathrooms) 7. Exterior Condition Excellent Good Fair Poor Poor 9. Primary Heating Energy  Natural Gas Liquid Propane Gas Full Units 10. Central Cooling System None Refrigerated Air Evaporative Air Both Refrigerated & Evaporative 11. Window Cooling Units No. of Evaporative Air Units No. of Valent Units No. of Valent Units No. of Valent Units No. of Val	Address of Owner/Agent:		Phone of Owner/Agent:		Survey I.D. Number:	
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 6. Number of Bedrooms 6. Number of Bedrooms 6. Number of Rooms 6. Number	HOUSING DATA (FILL IN APPROPRIATE BLANKS AND CHECK BEST CHOICE)					
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 6. Number of Rooms 7. Exterior Condition 7. Excellent 7. Good 7. Fair 8. Interior Condition 9. Primary Heating Energy 9. Primary Heating Energy 10. Refrigerated Air 8. Exporative Air Units 11. Window Cooling Units 12. Garage/Carport 13. Rent Class 14. Appliances Furnished by Landlord 15. Exportive Air Units 16. No 17. Exterior Condition 18. Interior Condition 19. Primary Heating Energy 10. No 10. Appliances Furnished by Landlord 10. Excellent 9. Dishwasher 10. Washer 11. Window Cooling Units 12. Garage/Carport 12. Garage/Carport 13. Rent Class 14. Appliances Furnished by Landlord 15. Exportive Air Units 16. No 16. Lawr Care 17. No 18. Appliances Furnished by Landlord 18. Excellent 19. No 19. Monthly Contract Rent 19.	Year Constructed		System			
None	Individual Housing Unit (square feet)  Basement  First Floor Other Floors  3. Gross Unfinished Basement Space  4. Number of Bedrooms (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 Coal Wood Solar	Refrigerated Evaporative Both Refrige  11. Window Cooling No. of Refrige No. of Evapor  12. Garage/Carport None Garage – Sin Garage – Do Carport  13. Rent Class House Apartment Mobile Home  14. Appliances Furr (Insert #)  Refrigerator Range Dishwasher Washer Dryer Freezer Microwave C	Air rated & Evaporative  Units lerated Air Units prative Air Units  Ingle Car puble Car  Plexed  Plicated  Plexed  Oven	No Sewer ( No Sewer ( No Garbage No Lawn C No Cable T No Satellite No Electrici No Heating No Snow R No 16 Eurnishi (enter # 6 17. Fireplac Wor No 18. Free St not insid vented to Yes 19. Monthly	incl. septic)  e	

Office of the Secretary (OS) Form 2000

## PRIVATE RENTAL SURVEY HOUSES – APARTMENTS – MOBILE HOMES

OMB Control Number 1084-0033 Expires 10-31-2016

**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.

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Completed By:	
Printed Name:	
Date:	
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