



### Consumer Price Index Update Form: Housing

BLS Contact: <Enter Name>

Contact Phone: <Enter Phone>

Contact Fax: <Enter Fax>

Contact Email: <Enter Email>

Please Return Form By: <Add Date>

Number of Units: <Enter # of Units in IG>

Address: \_\_\_\_\_

	Unit:		
Tenant Name OR Initials		<Enter Name of Occupant>	<Enter Name of Occupant>
When did the person, who has lived in this house the longest, move in?		<Enter Date>	<Enter Date>
Is this unit occupied by the owner or is it rented?		<Select>	<Select>
Is this unit part of an assisted living program?		<Select Yes or No>	<Select Yes or No>
Is this unit the primary residence of at least one of the occupants?		<Select Yes or No>	<Select Yes or No>
Is anyone living in the household a relative of the landlord?		<Select Yes or No>	<Select Yes or No>
How much rent is the tenant paying for this house now?		<Enter Amount>	<Enter Amount>
What is the rental period?		<Select>	<Select>
Was the rent lowered because the Landlord received a subsidy from the government such as Section 8?		<Select Yes or No>	<Select Yes or No>
If Yes, how much was the subsidy?		<Enter Amount>	<Enter Amount>
Was the rent lowered because someone did work for the landlord?		<Select Yes or No>	<Select Yes or No>
If Yes, how much was the work reduction?		<Enter Amount>	<Enter Amount>
Total Rent:		\$ -	
Does this rent include any optional extra charges?		<Select Yes or No>	<Select Yes or No>
If Yes, what is the amount of the extra charge?		<Enter Amount>	<Enter Amount>
Does the Landlord provide free off street parking?		<Select Yes or No>	<Select Yes or No>
Who pays for the water service?		<Select>	<Select>
Who pays for the sewer service?		<Select>	<Select>
Who pays for the electricity?		<Select>	<Select>
If this is paid by the Tenant, is the cost of electricity included in the rent you reported earlier?		<Select Yes or No>	<Select Yes or No>
What type of A/C equipment does this unit have?		<Select>	<Select>
If Thru-the-wall A/C, how many does this unit have?		<Enter Amount>	<Enter Amount>
If Window A/C, how many does this unit have? How many are provided by the Landlord?		<Enter Each Amount>	<Enter Each Amount>
What is the primary type of heating fuel used by this unit?		<Select>	<Select>
Who pays for the heating fuel?		<Select>	<Select>
If this is paid by the tenant, is the cost of heat fuel included in the rent you reported earlier?		<Select Yes or No>	<Select Yes or No>
What is the primary type of hot water fuel used by this unit?		<Select>	<Select>
Who pays for the heating fuel?		<Select>	<Select>
If this is paid by the tenant, is the cost of heat fuel included in the rent you reported earlier?		<Select Yes or No>	<Select Yes or No>
How many bedrooms, baths, and other rooms are there?			
Bedrooms		0	
Full Baths		0	
Half Baths		0	
Other		0	
Total:		0	

**Additional Information:** \_\_\_\_\_

**Respondent Comments:** \_\_\_\_\_