**2021 RHFS PROPOSED COGNITIVE TESTING**

**QUESTIONNAIRE ITEMS**

**Sample Address: 123 Main St, Any Town CA 12345**

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| **Item** | **Text** |
| **WELCOME** | **Welcome to the 2019 Rental Housing Finance Survey (RHFS)**  **The purpose of the RHFS is to learn about the financial health of rental properties. We have randomly selected the address listed above to be included in the 2019 RHFS. Due to the scientifically random selection process, we only know that the address listed above is a rental property or is part of a rental property.** |
| **1** | **Is the property at this address a rental property?**  **Include properties that are rented or vacant but available for rent.**  1 Yes  2 No |
| **DP\_1** | **For the purposes of this survey, we define your rental property as:**  **The building at the address above and any other buildings under the same first mortgage**  **Or**  **The building at the address above and any other buildings that are collectively owned as a single entity**  **Which of the following best describes your rental property?**   1. The rental property is composed of a single residential building located at the address above 2. The rental property is composed of multiple residential buildings that are all located at the address above 3. The rental property is composed of multiple residential buildings at multiple addresses that includes the building(s) at the address above 4. Other |
| **DP\_4** | **Thinking about the ENTIRE rental property, how many residential buildings are at the rental property associated with the address above?**  \_\_\_\_\_ Total Buildings |
| **DP\_7** | **Thinking about the ENTIRE rental property, how many residential units are at the rental property associated with the address above?**  \_\_\_\_\_\_ Total Units |
| **DP\_8** | **Does this rental property include units that are considered –** |
| **A nursing home?**  **These units are for people who need constant supervision in a residential care home setting, a lot of help with all or most activities of daily living, or 24-hour nursing care.**   1. Yes 2. No 3. Don’t know |
| **An Assisted Living facility?**  **These units are for people who need help with one or more activities of daily living in residential care homes. These activities may include bathing, getting dressed, toileting, grooming and medication management but 24-hour nursing care is NOT needed.**   1. Yes 2. No 3. Don’t know |
| **A SENIOR Independent Living community? (INDEP)**  **These units are for seniors who can no longer maintain their private homes but are still independent in many ways. Housekeeping services and/or meals may be included services. These communities often have social activities and sometimes, off-site trips.**   1. Yes 2. No 3. Don’t know |
| **If yes to any of these services, go to DP\_9, else go to 17.** |
| **DP\_9** | **{If NURSING = Yes} How many units receive nursing care services? ­­­\_\_\_**  **{If ASSISTED = Yes} How many units receive assisted living services? \_\_\_**    **{If INDEPENT = Yes} How many units are considered as SENIOR Independent Living? \_\_\_** |
| **17** | **The next question asks about the costs associated with any capital improvements.**  **A capital improvement is considered to be the addition of a permanent structural improvement, or the restoration of some aspect of a rental property, that will either enhance the rental property’s overall value or increase its useful life.**  **Exclude any amount spent on maintenance and repairs that was already reported.**  **During calendar year 2019 were any of the following capital improvements or upgrades/replacements made at this residential rental property? If so, what were their associated costs?**  **Associated N/A**  **Cost**  **Heating or air**  **conditioning system**  **Roof**  **Windows**  **Doors**  **Flooring/carpeting**  **Exterior**  **Plumbing system**  **Electrical system**  **Kitchen facilities**  **Bathroom facilities**  **Handicapped/universal access**  **All other capital improvements or updates**  **OR**  **Please enter the total costs for your capital expenditures. Please estimate if you do not have actual amounts available.** |
| **17a** | **What is the estimated capital reserves balance for this rental property?**  $ \_\_ \_ , \_\_\_, \_\_\_, \_\_.00 |
| **19a** | **HUD provides rental subsidies for low-income tenants through a variety of programs, including the Housing Choice (Section 8) Voucher program and Section 8 Housing Assistance Payments (HAP).**  If more than 1 unit, ask— **Do any of the units or tenants receive HUD rental subsidies?** If yes, goto 19b  If 1 unit, ask— **Do your tenants receive a HUD rental subsidy?** Goto 37   1. Yes 2. No |
| **19b** | How many units receive a subsidy or are occupied by a tenant who receives a subsidy?  \_\_\_\_\_ Units |
| **37** | ASK ONLY IF 19A = NO  Some properties have a policy of not accepting HUD rental vouchers.  Does this property accept HUD rental vouchers?   1. Yes 2. No 3. Don’t know |