

# Housing Collection Instrument Screen Shots

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Last Modified: April 19, 2018

**Monday, April 09, 2018**

Release 34.7



**Data Collection Work**

**Non-Monthly Work**

| PANEL 3 -- March 2018 |           |          |          |           |
|-----------------------|-----------|----------|----------|-----------|
| TYPE                  | ASSIGNED  | READY    | HOLD     | NO ACTION |
| SI                    | 0         | 0        | 0        | 0         |
| NI                    | 0         | 0        | 0        | 0         |
| SP                    | 15        | 0        | 9        | 6         |
| LP                    | 0         | 0        | 0        | 0         |
| <b>TOTAL</b>          | <b>15</b> | <b>0</b> | <b>9</b> | <b>6</b>  |

| CLOSE OUT    | ASSIGNED  | READY    | HOLD      | NO ACTION |
|--------------|-----------|----------|-----------|-----------|
| 2018/04/30   | 9         | 0        | 9         | 0         |
| 2018/06/30   | 19        | 0        | 6         | 13        |
| 2018/07/31   | 4         | 0        | 1         | 3         |
| //           | 0         | 0        | 0         | 0         |
| //           | 0         | 0        | 0         | 0         |
| //           | 0         | 0        | 0         | 0         |
| <b>TOTAL</b> | <b>32</b> | <b>0</b> | <b>16</b> | <b>16</b> |

| PANEL 4 -- April 2018 |          |          |          |           |
|-----------------------|----------|----------|----------|-----------|
| TYPE                  | ASSIGNED | READY    | HOLD     | NO ACTION |
| SI                    | 0        | 0        | 0        | 0         |
| NI                    | 0        | 0        | 0        | 0         |
| SP                    | 0        | 0        | 0        | 0         |
| LP                    | 0        | 0        | 0        | 0         |
| <b>TOTAL</b>          | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b>  |

**ON-PANEL NOTES**

There are 20 days left in the on-panel Collection Month

|  | Wild Card | Int Line | Schedule Status | egmer | Coll PSU | Line | Index PSU | IG  | Unit Address                                 | Pre | Prev Respondent           | Mgr Name / Mgmt Company |
|--|-----------|----------|-----------------|-------|----------|------|-----------|-----|--|-----|---------------------------|-------------------------|
|  | TELE...   | SP       | Hold            | A1011 | S305     | 1    | S12A      |     | 144 WALNUT ST, PISCATAWAY, NJ, 08854-1672    | P   | JEFFREY fields            |                         |
|  | PVN...    | SP       | Hold            | A1011 | S305     | 3    | S12A      |     | 375 RUSHMORE AVE, PISCATAWAY, NJ, 0885...    | T   | REGINA HENDRICKS          |                         |
|  | TELE...   | SP       | Hold            | A1011 | S305     | 4    | S12A      |     | 1750 S 2ND ST APT 2, PISCATAWAY, NJ, 0885... | T   | JOSEPH ZIMBARDO           |                         |
|  | EVEA...   | SP       | Hold            | A1011 | S305     | 5    | S12A      |     | 347 ROCK AVE APT 2, PISCATAWAY, NJ, 0885...  | P   | nancy                     |                         |
|  | PVN...    | SP       | Hold            | A1165 | S305     | 1    | S12A      |     | 251 MOUNTAIN AVE A1, SOMERVILLE, NJ, 08...   | T   | HEATHER HILL PROP...      | HEATHER HILL P...       |
|  | TELD...   | SP       | Hold            | A1165 | S305     | 2    | S12A      | SM2 | 150 MERCER ST 7B, SOMERVILLE, NJ, 08876...   | T   | ASHLEY MACARONE           | ASHLEY MACAR...         |
|  | TELD...   | SP       | Hold            | A1165 | S305     | 3    | S12A      | SM2 | 11 BROOKSIDE AVE 4B, SOMERVILLE, NJ, 08...   | T   | ASHLEY MACARONE           | ASHLEY MACAR...         |
|  | TELA...   | SP       | No Action       | A1177 | S305     | 4    | S12A      |     | 29 FIELDSTONE RD, BEDMINSTER, NJ, 0792...    | P   | greg gorelick             |                         |
|  | TELE...   | SP       | No Action       | A1178 | S305     | 1    | S12A      |     | 81 WENTWORTH RD, BEDMINSTER, NJ, 079...      | T   | MARK MIX                  |                         |
|  | TELE...   | SP       | No Action       | A1178 | S305     | 2    | S12A      |     | 30 WENTWORTH RD, BEDMINSTER, NJ, 079...      | P   | William Randazzo          |                         |
|  | TELE...   | SP       | No Action       | A1179 | S305     | 1    | S12A      |     | 87 PARKSIDE RD, BEDMINSTER, NJ, 07921-1...   | T   | MS. HEBA SADEK            |                         |
|  | TELD...   | SP       | Hold            | A1179 | S305     | 2    | S12A      |     | 17 KENSINGTON RD, BEDMINSTER, NJ, 0792...    | T   | Kathleen Carlin RJB As... |                         |
|  | NED...    | SP       | Hold            | A1179 | S305     | 3    | S12A      |     | 5 MORGAN CT, BEDMINSTER, NJ, 07921-1864      | P   | VERONICA DONNER           |                         |
|  | TELE...   | SP       | No Action       | A1179 | S305     | 4    | S12A      |     | 397 TERRACE LN, BEDMINSTER, NJ, 07921-1...   | T   | Jacqueline Mccune         |                         |
|  | TELD...   | SP       | No Action       | A1180 | S305     | 1    | S12A      |     | 24 SPRUCE CT, BEDMINSTER, NJ, 07921-1630     | T   | NOEL CAGNASSOLA           |                         |

Unit Addr: 144 WALNUT ST  
PISCATAWAY, NJ 08854-1672



Prev Resp: JEFFREY FIELDS,  
OCCUPANT

IG Interview Group:

WC Wild Card: TELEVE



Disagg. Messages DCM KB Incomplete Previous Jump Return Next

1 ANY S  
1 ANY ST, ANYTOWN, US, 99999

|      |                      |                              |                              |
|------|----------------------|------------------------------|------------------------------|
| QUIT | INTERVIEW TYPE<br>SI | CLOSE-OUT DATE<br>1999/01/30 | ARRANGEMENT CODE (Wild Card) |
|------|----------------------|------------------------------|------------------------------|

UNIT ADDRESS  
1 ANY ST,  
ANYTOWN, US, 99999

UNIT DESCRIPTION

COMPLEX

MESSAGES NO

MAP

LATITUDE (15.0 to 70.0)

LONGITUDE (-179.0 to -50.0)

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

1 ANY S  
1 ANY ST, ANYTOWN, US, 99999

(OBSERVE):

Select type of structure from the following list:

The following 2 screen shots are non-substantive changes to the housing survey questions that OMB approved in August 2017. The non-substantive changes were supposed to be updated in January 2018 but due to lack of resources the changes will not be updated until FY19.

**“Type of Structure”**

OBSERVATION - ELEVATOR - PRACTICE COLLECTION

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

1002 S 25T  
1002 S 25TH ST, Mount Vernon, IL, 62864

Addition of 'type of structure' question: Does this 'type of structure' have an elevator?

YES NO

YES  NO

OBSERVATION - TYPE OF STRUCTURE SCREEN

Disagg. Messages Pen Panel KB Incomplete Previous Jump Return Next

1784 S 290  
1784 S 290 EAST ST, Orem city (pt.), UT, 84058

(OBSERVE):

Select type of structure from the following list:

SINGLE DETACHED  
SINGLE ATTACHED  
MOBILE HOME TRAILER  
MULTI-UNIT WITH ELEVATOR  
MULTI-UNIT WITHOUT ELEVATOR  
OTHER-SPECIFY

OBSERVATION - ELIGIBILITY SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

1 ANY S  
1 ANY ST, ANYTOWN, US, 99999

(OBSERVE): Is this house eligible?

YES NO

YES  NO

Display Ineligible

- \* COLLEGE DORMITORY
- CONVENT, MONASTERY, RELIGIOUS GROUP RESIDENCE
- \* CORRECTIONAL INSTITUTION
- FARM WITH INCOME FROM MORE THAN 10 ACRES
- FRATERNITY OR SORORITY HOUSE
- HALFWAY HOUSE
- \* HOSPITAL
- \* LICENCED NURSING HOME
- \* MENTAL INSTITUTION

\* Units in the above structures that provide housing for staff or maintenance personnel and meet the housing unit definition are eligible

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

(OBSERVE): Is this house Public Housing?

|            |                           |                          |                                  |
|------------|---------------------------|--------------------------|----------------------------------|
| Definition | YES                       | NO                       | DON'T KNOW                       |
| 1 ANY ST   | <input type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> DON'T KNOW |

**PUBLIC HOUSING -**  
Housing units which are subsidized and owned or operated by a Federal, State, City, or other government agency. Rent paid by the occupant is usually based on income and the additional rental cost covered by the government agency.  
Housing units that are covered by government rent assistance programs (subsidized housing, such as Section 8 Housing) are eligible for inclusion in the Housing Survey.

Close Window

UNIT RESPONDENT SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

1 ANY S  
1 ANY ST, ANYTOWN, US, 99999  
\*\*\* (Select Respondent Type and Indicate Same or Different.  
Update Respondent Information as necessary.)\*\*\*

QUIT

OCCUPANT Update Occupant Info PREVIOUS RESP: KIM TYLER, MANAGER  
JESSE HIGGINS  
PHONE: (555)555-7777 ALT.PHONE:  
CONTACT TIME:

LANDLORD Update Landlord Info  
PHONE: ALT.PHONE:  
CONTACT TIME:

MANAGER Update Manager Info  
KIM TYLER  
PHONE: (555)555-1234 ALT.PHONE:  
CONTACT TIME:  SAME  DIFFERENT

AUTH.REP. Update Auth.Rep. Info  
PHONE: ALT.PHONE:  
CONTACT TIME:



# Respondent Screen for Interview Groups

| IG RESPONDENT SCREEN   |  |                                    |    |            |          |      |                           |      |
|--|--|------------------------------------|----|------------|----------|------|---------------------------|------|
| Disagg.  | Messages   | DCM                                | KB | Incomplete | Previous | Jump | Return                    | Next |
| 1 ANY S<br>1 ANY ST, ANYTOWN, US, 99999                                  |  |                                    |    |            |          |      |                           |      |
| <b>QUIT</b>  | *** (Select Respondent Type and Indicate Same or Different.<br>Update Respondent Information as necessary.)*** |                                    |    |            |          |      | <b>Display IG Address</b> |      |
| <input type="radio"/> LANDLORD   | <b>Update Landlord Info</b>  | PREVIOUS RESP: James Katz, MANAGER |    |            |          |      |                           |      |
| PHONE: _____ ALT.PHONE: _____<br>CONTACT TIME: _____                     |  |                                    |    |            |          |      |                           |      |
| <input checked="" type="radio"/> MANAGER                                 | <b>Update Manager Info</b>   | James Byers                        |    |            |          |      |                           |      |
| PHONE: (202)555-1522 ALT.PHONE: _____                                    |  |                                    |    |            |          |      |                           |      |
| CONTACT TIME: _____  |  |                                    |    |            |          |      |                           |      |
| <input type="radio"/> SAME<br><input checked="" type="radio"/> DIFFERENT |  |                                    |    |            |          |      |                           |      |
| <input type="radio"/> AUTH.REP.  | <b>Update Auth.Rep. Info</b>   |                                    |    |            |          |      |                           |      |
| PHONE: _____ ALT.PHONE: _____<br>CONTACT TIME: _____                     |  |                                    |    |            |          |      |                           |      |

UNIT OCCUPANT SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

1 ANY S  
1 ANY ST, ANYTOWN, US, 99999

\*\*\* (Since the last collection period, is the occupancy...?) \*\*\*

- Same
- Different - Please update Name and enter a Move-In Date
- Vacant

|                      |                                      |             |         |
|----------------------|--------------------------------------|-------------|---------|
| OCCUPANT             | <a href="#">Update Occupant Info</a> | SALLY JONES | 02/1991 |
| SALLY JONES          |                                      |             |         |
| PHONE: (555)555-7777 |                                      | ALT.PHONE:  |         |
| CONTACT TIME:        |                                      |             |         |

When did the person, who has lived in this apartment the longest, move in?

MONTH / YEAR

TENURE SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

Is this house/apt. occupied by the owner or is it rented?

OWNER RENTED

1 ANY ST

OWNER  RENTED

# PUBLIC HOUSING SCREEN

(Screen appears if data collector cannot determine if unit is public housing through observation)

| PUBLIC HOUSING SCREEN   |                           |      |                          |
|---|---------------------------|------|--------------------------|
| Disagg.   | Messages                  | DCM  | KB                       |
| Incomplete  | Previous                  | Jump | Return                   |
|   |                           |      | Next                     |
| <b>Is this house Public Housing?</b>  |                           |      |                          |
| <i>Definition</i>   |                           |      | <b>YES</b>               |
|   |                           |      | <b>NO</b>                |
| <b>1 ANY ST</b>   | <input type="radio"/> YES |      | <input type="radio"/> NO |
| <p><b>PUBLIC HOUSING -</b><br/>Housing units which are subsidized and owned or operated by a Federal, State, City, or other government agency. Rent paid by the occupant is usually based on income and the additional rental cost covered by the government agency.<br/>Housing units that are covered by government rent assistance programs (subsidized housing, such as Section 8 Housing) are eligible for inclusion in the Housing Survey.</p> <p><b>Close Window</b></p> |                           |      |                          |

GOVERNMENT OWNED\OPERATED SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

Is it owned or operated by a government agency?

YES NO

1 ANY ST

YES  NO

**ASSISTED LIVING SCREEN**

|         |          |     |    |            |          |      |        |      |
|---------|----------|-----|----|------------|----------|------|--------|------|
| Disagg. | Messages | DCM | KB | Incomplete | Previous | Jump | Return | Next |
|---------|----------|-----|----|------------|----------|------|--------|------|

(ASK ONLY IN A HOUSING COMPLEX OR MULTI-UNIT SITUATION; OTHERWISE CODE "NO".)

Is this apartment part of an assisted living program?

Does the program provide ADL assistance to an occupant of this apartment?

| ASSISTED LIVING |    | <i>Definition</i> |    |
|-----------------|----|-------------------|----|
|                 |    | ADL INCLUDED      |    |
| YES             | NO | YES               | NO |

1 ANY ST

YES     NO     YES     NO

## Definitions Window for ASSISTING LIVING SCREEN

### ASSISTED LIVING SCREEN

#### ASSISTED LIVING PROGRAM -

*Close Window*

- Any group residential program that is not licensed as a nursing home and that provides personal care and support services to people who need help with the activities of daily living (ADL)\* as a result of physical or cognitive disability.

- Assisted living communities are designed for individuals who cannot function in an independent living environment but do not need nursing care on a daily basis. Many assisted living facilities also have professional nurses and other health care professionals on staff or available on call should a resident require special care.

- These communities go by a variety of names: adult homes, personal care homes, retirement residences, and sheltered housing. Local jurisdictions vary in their definitions and requirements. Assisted living communities are often affiliated with independent living communities or nursing care facilities offering residents a continuum of care for changing needs.

#### \*ACTIVITIES OF DAILY LIVING (ADL)-

ADL's are considered to be everyday activities, such as walking, getting in and out of bed, dressing, bathing, eating, and using the bathroom.

PRIMARY RESIDENCE SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return **Next**

Is this house the primary residence of at least one of the occupants?

1 ANY ST  YES  NO



RELATIVE OF THE LANDLORD SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

Is anyone living in this house a relative of the landlord?

YES NO

1 ANY ST

YES  NO

NUMBER OF ROOMS SCREEN

- Disagg.
- Messages
- DCM
- KB
- Incomplete
- Previous
- Jump
- Return
- Next

1 ANY 5

1 ANY ST, ANYTOWN, US, 99999

\*\*\*\*\* Please verify the number of rooms in this apartment. \*\*\*\*\*

|             |   |                      |    |
|-------------|---|----------------------|----|
| BEDROOMS    | 1 | <input type="text"/> | ▲▼ |
| FULL BATHS  | 1 | <input type="text"/> | ▲▼ |
| HALF BATHS  | 0 | <input type="text"/> | ▲▼ |
| OTHER ROOMS | 2 | <input type="text"/> | ▲▼ |
| TOTAL ROOMS | 4 |                      |    |

What is the reason for the change?

- SPLIT, USE FACESHEET TO ENTER UNIT APARTMENT, ENTER MSG
- MERGE, USE FACESHEET TO ENTER UNIT APARTMENT, ENTER MSG
- PREVIOUS DATA INCORRECT  
\*\*VERIFY UNIT ADDRESS\*\*
- RECONFIGURATION - NO SPLIT OR MERGE

Has there been a change in the number of rooms?

- YES
- NO

ROOMS CHANGE MSG

MERGE,

WHEN BUILT SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

1 ANY S

1 ANY ST, ANYTOWN, US, 99999

In what year was this structure built?

Select Decade

Select Year

- Before 1900 >
- 1900 - 1909 >
- 1910 - 1919 >
- 1920 - 1929 >
- 1930 - 1939 >
- 1940 - 1949 >
- 1950 - 1959 >**
- 1960 - 1969 >
- 1970 - 1979 >
- 1980 - 1989 >
- 1990 - 1999 >
- 2000 - 2009 >
- 2010 - 2019 >

- 1950
- 1951
- 1952
- 1953
- 1954
- 1955**
- 1956
- 1957
- 1958
- 1959
- DK

(The WO needs the actual year built for an important index calculation)

YEAR

DECADE

1955

1950 - 1959

DON'T KNOW

CLEAR ALL

RENT CONTROL SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

Is this apartment under rent control?

YES NO

1 ANY ST

YES  NO

MOVE-IN DATE SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

1 ANY S  
1 ANY ST, Anytown, US, 99999

When did the person, who has lived in this house the longest, move in?

MONTH / YEAR

## RENT POD

### "Respondent/Occupant" Window

| RENT POD   |  |
|--|--|
|  Disagg.    |  Messages |
|  DCM        |  KB       |
|  Incomplete |  Previous |
|  Jump     |  Return |
| Next      |  |
| 1 ANY S<br>1 ANY ST, ANYTOWN, US, 99999  |  |
| RESPONDENT NAME<br>(Curr. Rent)  | <input type="text"/>   |
| RESPONDENT TYPE<br>(Curr. Rent)  | <input type="text"/>   |
| OCCUPANT<br>NAME   | <input type="text"/>   |
| <input type="button" value="Close Window"/>  |  |

# RENT POD

## "Rent Amount"

RENT POD - PRACTICE COLLECTION

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

105 NE 50 423  
105 NE 50TH COURT 423, Kansas City, MO, 12345

### RENT AMOUNT

How much rent (are you, is the tenant) paying for this apartment now?  
What period of time does that rent cover?

| RESPONDENT             | On This Date  |
|------------------------|---|
| TENANT PAYS AND PERIOD | <input type="text"/><br>Select Period   |
| SUBSIDY                | One Month <input type="checkbox"/> EST<br>Two Weeks <input type="checkbox"/> EST<br>One Week <input type="checkbox"/> EST<br>Daily <input type="checkbox"/> EST |
| WORK                   | <input type="checkbox"/> EST  |
| REVIEW                 | <input type="checkbox"/> CERT   |

|                          |   |   |
|--------------------------|---|---|
| 7                        | 8 | 9 |
| 4                        | 5 | 6 |
| 1                        | 2 | 3 |
| <input type="checkbox"/> | 0 | . |

# RENT POD

"Subsidy"

|   |                      |                          |      |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
|---|----------------------|--------------------------|------|---|----------|------|--------|------|---|---|---|---|---|---|---|---|--|---|---|
| RENT POD  |                      |                          |      |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| Disagg.   | Messages             | DCM                      | KB   | Incomplete  | Previous | Jump | Return | Next |   |   |   |   |   |   |   |   |  |   |   |
| 1 ANY S<br>1 ANY ST, Anytown, US, 99999   |                      |                          |      |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| <b>SUBSIDY</b><br>Was the rent lowered because the landlord received a subsidy from a government program such as Section 8?<br><br><input type="radio"/> Yes <input type="radio"/> No<br>(IF YES) How much was the subsidy?<br>You may have to uncertify current month to make changes. |                      |                          |      |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| <b>RESPONDENT</b>   |                      | <b>On This Date</b>      |      |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| <b>TENANT PAYS AND PERIOD</b>   | <input type="text"/> |                          |      |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
|   | Select Period        |                          |      |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| <b>SUBSIDY</b>  | <input type="text"/> | <input type="checkbox"/> | EST  |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| <b>WORK</b>   | <input type="text"/> | <input type="checkbox"/> | EST  |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| <b>REVIEW</b>   | <input type="text"/> | <input type="checkbox"/> | CERT |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
|   |                      |                          |      | <table border="1"><tr><td>7</td><td>8</td><td>9</td></tr><tr><td>4</td><td>5</td><td>6</td></tr><tr><td>1</td><td>2</td><td>3</td></tr><tr><td></td><td>0</td><td>.</td></tr></table> |          |      |        | 7    | 8 | 9 | 4 | 5 | 6 | 1 | 2 | 3 |  | 0 | . |
| 7   | 8                    | 9                        |      |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| 4   | 5                    | 6                        |      |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| 1   | 2                    | 3                        |      |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
|   | 0                    | .                        |      |   |          |      |        |      |   |   |   |   |   |   |   |   |  |   |   |



# RENT POD

## "Work Reduction"

|  |          |                      |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
|--|----------|----------------------|----|-------------------------------|----------|---|--------|------|--|---|---|---|---|---|---|---|---|---|--|---|---|
| RENT POD   |          |                      |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
| Disagg.  | Messages | DCM                  | KB | Incomplete                    | Previous | Jump  | Return | Next |  |   |   |   |   |   |   |   |   |   |  |   |   |
| 1 ANY S<br>1 ANY ST, Anytown, US, 99999  |          |                      |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
| <b>WORK REDUCTION</b><br>Was the rent lowered because someone did work for the landlord?         |          |                      |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
| <input type="radio"/> Yes <input type="radio"/> No   |          |                      |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
| (IF YES) How much was the reduction?<br>You may have to uncertify current month to make changes. |          |                      |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
| <b>RESPONDENT</b>  |          | <b>On This Date</b>  |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
| <b>TENANT PAYS AND PERIOD</b>  |          | <input type="text"/> |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
|  |          | Select Period        |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
| <b>SUBSIDY</b>   |          | <input type="text"/> |    | <input type="checkbox"/> EST  |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
| <b>WORK</b>  |          | <input type="text"/> |    | <input type="checkbox"/> EST  |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
| <b>REVIEW</b>  |          | <input type="text"/> |    | <input type="checkbox"/> CERT |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
|  |          |                      |    |                               |          | <table border="1"><tr><td>7</td><td>8</td><td>9</td></tr><tr><td>4</td><td>5</td><td>6</td></tr><tr><td>1</td><td>2</td><td>3</td></tr><tr><td></td><td>0</td><td>.</td></tr></table> |        |      |  | 7 | 8 | 9 | 4 | 5 | 6 | 1 | 2 | 3 |  | 0 | . |
| 7  | 8        | 9                    |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
| 4  | 5        | 6                    |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
| 1  | 2        | 3                    |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |
|  | 0        | .                    |    |                               |          |   |        |      |  |   |   |   |   |   |   |   |   |   |  |   |   |

# RENT POD

"Review"

| RENT POD   |   |  |    |            |   |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
|--|---|--|----|------------|---|------|--------|------|---|---|---|---|---|---|---|---|--|---|---|
| Disagg.  | Messages  | DCM  | KB | Incomplete | Previous  | Jump | Return | Next |   |   |   |   |   |   |   |   |  |   |   |
| 1 ANY S<br>1 ANY ST, Anytown, US, 99999  |   |  |    |            |   |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| <b>REVIEW</b><br>(Please review the rent data, making all necessary adjustments. When you are finished, please certify the data.)                                      |   |  |    |            |   |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| <b>VERIFY PREVIOUSLY COLLECTED RENT</b><br>(Please verify the rent from the last collection attempt displayed in the second column below. Explain in a field message.) |   |  |    |            |   |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| RESPONDENT   | On This Date  | In July 1998   |    |            |   |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| TENANT PAYS AND PERIOD   | <input type="text" value="800"/><br>Monthly <input type="text"/>          | <input type="text" value="505"/><br>Monthly <input type="text"/> |    |            | <table border="1"><tr><td>7</td><td>8</td><td>9</td></tr><tr><td>4</td><td>5</td><td>6</td></tr><tr><td>1</td><td>2</td><td>3</td></tr><tr><td></td><td>0</td><td>.</td></tr></table> |      |        | 7    | 8 | 9 | 4 | 5 | 6 | 1 | 2 | 3 |  | 0 | . |
| 7  | 8   | 9  |    |            |   |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| 4  | 5   | 6  |    |            |   |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| 1  | 2   | 3  |    |            |   |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
|  | 0   | .  |    |            |   |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| SUBSIDY  | <input type="text" value="0"/> <input type="checkbox"/> EST               | <input type="text" value="0"/> <input type="checkbox"/> EST      |    |            |   |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| WORK   | <input type="text" value="0"/> <input type="checkbox"/> EST               | <input type="text" value="0"/> <input type="checkbox"/> EST      |    |            |   |      |        |      |   |   |   |   |   |   |   |   |  |   |   |
| REVIEW   | <input type="text" value="800"/> <input checked="" type="checkbox"/> CERT | <input type="text" value="505"/> <input type="checkbox"/> CERT   |    |            |   |      |        |      |   |   |   |   |   |   |   |   |  |   |   |

# EXTRA CHARGES SCREEN

"Extra Charges" Tab

EXTRA CHARGES SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

1 ANY S  
1 ANY ST, ANYTOWN, US, 99999

Does the rent include any optional extra charges? YES NO  
○ YES ○ NO

No unit(s) have a previous extra charge

Extra Charges  
Collection Screen

## EXTRA CHARGES SCREEN

"Collection Screen" Tab - SELECT EXTRA CHARGE" Window

| EXTRA CHARGES SCREEN                |                      |
|-------------------------------------|----------------------|
| Air Conditioners                    | Pets                 |
| Alarm System/Security               | Pool                 |
| Association Fee                     | Recreation Fee       |
| Cable TV                            | Refrigerator         |
| Carpet                              | Water/Sewer          |
| Garbage Collection/Trash Collection | Storage              |
| Gym/Health Club                     | Telephone            |
| Lawn Care/Yard Maintenance          | Utilities            |
| Lease Charge                        | Washer/Dryer         |
| Maintenance                         | YMCA/YWCA Membership |
| Meals                               | Other1               |
| New windows                         | Other2               |
| Parking - Off-Street                | Other3               |
| Pest Control                        |                      |

*KB*   *HW*

NO PREVIOUS EXTRA CHARGES FOR THIS UNIT

*Close Window*

# EXTRA CHARGES SCREEN

"Collection Screen" Tab - Amount

EXTRA CHARGES SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

1 ANY S  
1 ANY ST, ANYTOWN, US, 99999

What are they and how much is each one?

**SELECT EXTRA CHARGE**

| #  | EXTRA CHARGE | CURRENT | PREVIOUS |
|----|--------------|---------|----------|
| 1. | Pets         | .00     | ◆◆◆◆     |
| 2. | Washer/Dryer | .00     | ◆◆◆◆     |

## SP CHANGES SCREEN

(“Last interview” date is filled in with actual month and year)

| SP CHANGES SCREEN  |          |     |    |            |          |      |        |      |
|--|----------|-----|----|------------|----------|------|--------|------|
| Disagg.  | Messages | DCM | KB | Incomplete | Previous | Jump | Return | Next |
| <p>Since July 1998 have there been any changes in who pays the utilities for this apartment?<br/>This includes water, sewer, electricity, air conditioning, heating, and hot water.</p> <p><input type="radio"/> YES      <input type="radio"/> NO      <input type="radio"/> DON'T KNOW</p> |          |     |    |            |          |      |        |      |
| <hr/> <p>1 ANY ST</p> <hr/>  |          |     |    |            |          |      |        |      |

FREE PARKING SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

Does the landlord provide free off-street parking for this house?

YES NO

1 ANY ST

YES  NO

**WATER SCREEN**

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

Who pays for the water?

TENANT LANDLORD WELL/CISTERN NONE

1 ANY ST

TENANT  LANDLORD  WELL/CISTERN  NONE



SEWER SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

Who pays for the sewer service?

TENANT LANDLORD SEPTIC NONE

1 ANY ST

TENANT  LANDLORD  SEPTIC  NONE

WHO PAYS ELECTRICITY SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

Who pays for the electricity?

TENANT LANDLORD NO ELECTRICITY

1 ANY ST  TENANT  LANDLORD  NO ELECTRICITY

**COST FOR ELECTRICITY INCLUDED IN RENT SCREEN**

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

Is the cost for electricity included in the rent you reported earlier for this house ?

YES NO

1 ANY ST

YES  NO

CHARGE FOR ELECTRICITY SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

How much is the charge for electricity for this house ?

1 ANY ST

.00



**A/C EQUIPMENT SCREEN**

Disagg.
Messages
DCM
KB
Incomplete
Previous
Jump
Return
Next

What type of A/C equipment does this house have?

|             | ALL                   | ALL                   | ALL                    | ALL                   | ALL                   |
|-------------|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|
| DEFINITIONS | Central               | Swamp Cooler          | Thru-the-wall A/C unit | Window A/C unit       | None                  |
| 1 ANY ST    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |

## Definitions Window for A/C EQUIPMENT SCREEN

A/C EQUIPMENT SCREEN

*Close Window*

### **CENTRAL A/C**

An A/C unit with ducts that can cool a number of rooms. These ducts may also carry warm air during the heating season.

### **SWAMP COOLER**

A cooling unit that moistens and cools the air by saturating it with water vapor. Commonly found in the Southwestern United States.

### **THRU-THE-WALL A/C**

An A/C unit built into a wall that provides refrigerated air for that room only. There is no ductwork to carry cool air to several rooms.

### **WINDOW A/C UNIT**

An A/C unit located in a window that provides refrigerated air for that room only. There is no ductwork to carry cool air to several rooms.

### **NONE**

The house/apartment does not contain any type of A/C equipment.

THRU-THE-WALL A/C UNITS SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

How many thru-the-wall air conditioners does this house have?

|          |         |    |
|----------|---------|----|
| 1 ANY ST | 0 Units | ▲▼ |
|----------|---------|----|

WINDOW A/C UNITS SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

How many window air conditioners does this house have?  
How many are provided by the landlord?

|          | # UNITS | # PROVIDED |
|----------|---------|------------|
| 1 ANY ST | 1 Unit  | 0 Units    |



HEATING FUEL SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

What is the primary type of heating fuel used by this house?  
(A "Don't Know" response will be treated as a missing answer. Try to collect the heating fuel from an alternate respondent.)

|             | ALL                   | ALL                   | ALL                   | ALL                   | ALL                   | ALL                   |
|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| DEFINITIONS | Electricity           | Gas                   | Fuel Oil              | Alternate Fuels       | None/No Heat          | Don't Know            |
| 1 ANY ST    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Definitions Window for HEATING FUEL SCREEN

### HEATING FUEL SCREEN

*Close Window*

**ELECTRICITY** - Metered electric power supplied by a central utility to a residence via underground or aboveground power lines. If an on-site generator produces the electricity, code the fuel used in the generator unit. If the electricity is generated by on-site water or wind systems, use the Fuel Type "Alternate fuels."

**GAS** - Includes metered natural gas supplied by underground pipelines to residences by a central utility company or Liquefied Petroleum Gas which is any fuel gas supplied to a residence in liquid form such as propane or butane. The liquid gas is normally delivered by tank truck and stored near the residence in a gas tank or cylinder. Capture privately owned and operated gas wells as "Alternate fuels. "

**FUEL OIL** - No. 1, 2, or 4 grade fuel oil or residual oil that is burned for space or water heating purposes.

**ALTERNATE FUEL** - Fuels not specified in one of the three other categories, including kerosene, coal, firewood/charcoal, solar, geothermal and electricity generated from wind or water. Steam and hot water are not heating fuels; please try to determine the fuel used to produce the steam or hot water.

**NONE/NO HEAT** - No fuel used for heat/hot water.

## WHO PAYS FOR HEATING FUEL SCREEN

(Wording substituted with selected fuel, such as “gas”, “fuel oil” or “alternate fuel”)

| WHO PAYS FOR THE HEATING FUEL SCREEN      |                              |                                |
|---|------------------------------|--------------------------------|
| Disagg.                                   | Messages                     | DCM                            |
| KB  | Incomplete                   | Previous                       |
| Jump                                      | Return                       | Next                           |
| Who pays for the fuel oil for this house? |                              |                                |
|   | <i>TENANT</i>                | <i>LANDLORD</i>                |
| 1 ANY ST                                  | <input type="radio"/> TENANT | <input type="radio"/> LANDLORD |

## COST FOR HEATING FUEL INCLUDED IN RENT SCREEN

(Wording substituted with selected fuel, such as “gas”, “fuel oil” or “alternate fuel”)

| COST FOR HEATING FUEL INCLUDED IN RENT SCREEN                                      |          |                           |                           |
|--|----------|---------------------------|---------------------------|
| Disagg.  | Messages | DCM                       | KB                        |
| Incomplete   | Previous | Jump                      | Return                    |
|  |          |                           | Next                      |
| Is the cost for fuel oil included in the rent you reported earlier for this house? |          |                           |                           |
|  |          |                           | <input type="radio"/> YES |
|  |          |                           | <input type="radio"/> NO  |
| 1 ANY ST   |          | <input type="radio"/> YES | <input type="radio"/> NO  |
|  |          |                           |                           |

## CHARGE FOR HEATING FUEL SCREEN

(Wording substituted with selected fuel, such as "gas", "fuel oil" or "alternate fuel")

| CHARGE FOR HEATING FUEL SCREEN                          |          |
|---|----------|
| Disagg.   | Messages |
| DCM   | KB       |
| Incomplete  | Previous |
| Jump  | Return   |
| Next  |          |
| How much is the charge for the fuel oil for this house? |          |
| 1 ANY ST  | .00      |

HOT WATER SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

What is the primary type of hot water fuel used in this house?  
(A "Don't Know" response will be treated as a missing answer. Try to collect the hot water fuel from an alternate respondent.)

|             | ALL                   | ALL                   | ALL                   | ALL                   | ALL                   | ALL                   |
|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| DEFINITIONS | Electricity           | Gas                   | Fuel Oil              | Alternate Fuels       | None                  | Don't Know            |
| 1 ANY ST    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Definitions Window for HOT WATER SCREEN

HOT WATER SCREEN

*Close Window*

**ELECTRICITY** - Metered electric power supplied by a central utility to a residence via underground or aboveground power lines. If an on-site generator produces the electricity, code the fuel used in the generator unit. If the electricity is generated by on-site water or wind systems, use the Fuel Type "Alternate fuels."

**GAS** - Includes metered natural gas supplied by underground pipelines to residences by a central utility company or Liquefied Petroleum Gas which is any fuel gas supplied to a residence in liquid form such as propane or butane. The liquid gas is normally delivered by tank truck and stored near the residence in a gas tank or cylinder. Capture privately owned and operated gas wells as "Alternate fuels. "

**FUEL OIL** - No. 1, 2, or 4 grade fuel oil or residual oil that is burned for space or water heating purposes.

**ALTERNATE FUEL** - Fuels not specified in one of the three other categories, including kerosene, coal, firewood/charcoal, solar, geothermal and electricity generated from wind or water. Steam and hot water are not heating fuels; please try to determine the fuel used to produce the steam or hot water.

**NONE/NO HEAT** - No fuel used for heat/hot water.

## WHO PAYS FOR THE HOT WATER FUEL SCREEN

(Wording substituted with selected fuel, such as “gas”, “fuel oil” or “alternate fuel”)

| WHO PAYS FOR THE HOT WATER FUEL SCREEN |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| Disagg.                                | Messages                            | DCM                                   |
| KB                                     | Incomplete                          | Previous                              |
| Jump                                   | Return                              | Next                                  |
| Who pays for the gas for this house?   |                                     |                                       |
|  | <input type="radio"/> <i>TENANT</i> | <input type="radio"/> <i>LANDLORD</i> |
| 1 ANY ST                               | <input type="radio"/> TENANT        | <input type="radio"/> LANDLORD        |



## COST FOR HOT WATER FUEL INCLUDED IN RENT SCREEN

(Wording substituted with selected fuel, such as “gas”, “fuel oil” or “alternate fuel”)

| COST FOR HOT WATER FUEL INCLUDED IN RENT SCREEN                               |                           |                          |
|---|---------------------------|--------------------------|
| Disagg.   | Messages                  | DCM                      |
| KB  | Incomplete                | Previous                 |
| Jump  | Return                    | Next                     |
| Is the cost for gas included in the rent you reported earlier for this house? |                           |                          |
|   | <input type="radio"/> YES | <input type="radio"/> NO |
| 1 ANY ST  | <input type="radio"/> YES | <input type="radio"/> NO |

## CHARGE FOR HOT WATER FUEL SCREEN

(Wording substituted with selected fuel, such as "gas", "fuel oil" or "alternate fuel")

| CHARGE FOR HOT WATER FUEL SCREEN                       |          |
|--|----------|
| Disagg.  | Messages |
| DCM  | KB       |
| Incomplete   | Previous |
| Jump   | Return   |
| Next   |          |
| How much is the charge for the gas for this apartment? |          |
| 1 ANY ST   | .00      |

## INCOMPLETE INTERVIEW POD DURING SCOPE DETERMINATION

| INCOMPLETE INTERVIEW POD  |          |     |    |            |          |      |        |      |
|---|----------|-----|----|------------|----------|------|--------|------|
| Disagg.   | Messages | DCM | KB | Incomplete | Previous | Jump | Return | Next |
| 1 ANY S<br>1 ANY ST, ANYTOWN, US, 99999   |          |     |    |            |          |      |        |      |
| <b>INCOMPLETE INTERVIEW POD DURING SCOPE DETERMINATION</b><br><b>Why are the current data incomplete?</b> <ul style="list-style-type: none"><li><input type="radio"/> Respondent(s) unable to answer all questions</li><li><input type="radio"/> Respondent(s) refuses to answer one or more questions</li><li><input type="radio"/> No eligible respondent contacted/Not vacant</li><li><input type="radio"/> Vacant but habitable</li><br/><li><input type="radio"/> No housing unit available</li><li><input type="radio"/> Dangerous situation</li><br/><li><input type="radio"/> Other</li></ul> |          |     |    |            |          |      |        |      |

## INCOMPLETE INTERVIEW POD DURING INITIATION/PRICING

| INCOMPLETE INTERVIEW POD  |          |     |    |            |          |      |        |      |
|---|----------|-----|----|------------|----------|------|--------|------|
| Disagg.   | Messages | DCM | KB | Incomplete | Previous | Jump | Return | Next |
| 1 ANY S<br>1 ANY ST, ANYTOWN, US, 99999   |          |     |    |            |          |      |        |      |
| <p><b>INCOMPLETE INTERVIEW POD DURING INITIATION/PRICING</b><br/><b>Why are the current data incomplete?</b></p> <ul style="list-style-type: none"><li><input type="radio"/> Respondent(s) unable to answer all questions</li><li><input type="radio"/> Respondent(s) refuses to answer one or more questions</li><li><input type="radio"/> No eligible respondent contacted/Not vacant</li><li><input type="radio"/> Vacant but habitable</li><li><input type="radio"/> Converted to ineligible housing</li><li><input type="radio"/> No housing unit available</li><li><input type="radio"/> Dangerous situation</li></ul> <p><input type="radio"/> Other</p> |          |     |    |            |          |      |        |      |

# UNIT SI FACESHEET and UNIT FACESHEET

(Basically have the same content but different screen titles)

"Unit" Tab

| UNIT SI FACESHEET  |                   |           |                |                 |       |
|--|-------------------|-----------|----------------|-----------------|-------|
| Disagg. Messages DCM KB Incomplete Previous Jump Return Next |                   |           |                |                 |       |
| 1 ANY S<br>1 ANY ST, ANYTOWN, US, 99999                      |                   |           |                |                 |       |
| SSR  | HOUSING UNIT CODE | INDEX PSU | SEGMENT        | SECTOR          | LINE  |
|  | 0                 | A209      | 0001C          | 1               | 216   |
| COLLECTION PERIOD  | 1999/01           | PANEL 1   |                | INTERVIEW TYPE  | SI    |
| UNIT ADDRESS   | 1 ANY ST          |           |                | US              | 99999 |
| COMPLEX NAME   |                   |           | STRUCTURE TYPE | SINGLE DETACHED |       |
|  |                   |           |                | MAP             |       |

# UNIT SI FACESHEET and UNIT FACESHEET

(Basically have the same content but different screen titles)

"Occ/Resp/EA" Tab

| UNIT SI FACESHEET   |   |                       |
|---|---|-----------------------|
| Disagg.   | Messages  | DCM                   |
| KB  | Incomplete                                      | Previous              |
| Jump  | Return  | Next                  |
| 1 ANY S<br>1 ANY ST, ANYTOWN, US, 99999                             |   |                       |
| <b>OCCUPANT</b>   | <b>Update Occupant Info</b>                     | /                     |
| <b>Mary</b><br>PHONE: _____ ALT.PHONE: _____<br>CONTACT TIME: _____ |   |                       |
| <b>RESPONDENT</b>   | Jim, LANDLORD                                   |                       |
| <b>PREVIOUS TYPE OF CONTACT</b>                                     | <b>CURRENT TYPE OF CONTACT</b>                  | <b>PREVIOUS EA ID</b> |
|   | P   |                       |
| <b>PREVIOUS COLLECTION DATE</b>                                     | <b>COLLECTION PERIOD OF LAST PERSONAL VISIT</b> | <b>CURRENT EA ID</b>  |
|   |   |                       |

Unit  
 Occ/Resp/EA  
 Lcid/Mgr/Auth  
 Messages

# UNIT SI FACESHEET and UNIT FACESHEET

(Basically have the same content but different screen titles)

"Lldl/Mgr/Auth." Tab

| UNIT SI FACESHEET  |  |
|--|--|
| Disagg.  | Messages   |
| DCM  | KB   |
| Incomplete   | Previous   |
| Jump   | Return   |
| Next   |  |
| 1 ANY S<br>1 ANY ST, ANYTOWN, US, 99999  |  |
| <b>LANDLORD</b> <a href="#">Update Landlord Info</a>   | Unit<br>Occ/Resp/EA<br>Lldl/Mgr/Auth<br>Messages |
| JIM LANDLORD<br>1 OVER RD, CITY, MR 12345<br>PHONE: (555)555-1234      ALT.PHONE:<br>CONTACT TIME:      WEEKDAYS BEFORE 5 PM |  |
| <b>MANAGER</b> <a href="#">Update Manager Info</a>   |  |
| PHONE:      ALT.PHONE:<br>CONTACT TIME:  |  |
| <b>AUTH.REP.</b> <a href="#">Update Auth.Rep. Info</a>   |  |
| PHONE:      ALT.PHONE:<br>CONTACT TIME:  |  |

## **UNIT SI FACESHEET and UNIT FACESHEET**

**(Basically have the same content but different screen titles)**

*"Messages" Tab*



**UNIT SI FACESHEET**

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

1 ANY S  
1 ANY ST, ANYTOWN, US, 99999

|                                     |  |               |
|-------------------------------------|--|---------------|
| PERM. SPECIAL INSTRUCTIONS          |  | Unit          |
| PREVIOUS TEMP. SPECIAL INSTRUCTIONS |  | Unit          |
| TEMP. SPECIAL INSTRUCTIONS          |  | Occ/Resp/EA   |
| PREVIOUS FIELD MSG. TO WASH.        |  | Occ/Resp/EA   |
| FIELD MSG. TO WASH.                 |  | FieldMsg/Auth |
| PREV. INCOMPLETE REASON             |  | FieldMsg/Auth |
| WO MESSAGE TO FIELD                 |  | Messages      |
| SMD SPECIAL INSTRUCTIONS            |  | Messages      |

**UNIT**

**SI FACESHEET and UNIT FACESHEET**

**(Basically have the same content but different screen titles)**

*Field MSG. TO WASH. Button on the "Messages" Tab. Tap this to display standardized field message to Washington*

**POP UP**

| Code | General Reason                           | Specific Reason          |
|------|--|--------------------------|
| H1A  | Answering machine                        | Both tenant and landlord |
| H1B  | Answering Machine                        | Tenant Only              |
| H1C  | Answering Machine                        | Landlord only            |
| H2   | Secure building/Locked gate              |                          |
| H3A  | Dangerous situation (InterComm required) | Neighborhood             |
| H3B  | Dangerous situation (InterComm required) | Tenant                   |
| H3C  | Dangerous situation (InterComm required) | Landlord                 |
| H3D  | Dangerous situation (InterComm required) | Other                    |
| H4A  | Foreign language barrier                 | Tenant                   |
| H4B  | Foreign language barrier                 | Landlord                 |
| H4C  | Foreign language barrier                 | Other                    |
| H5   | New tenant                               |                          |
| H6   | See InterComm                            |                          |

OK Cancel

WRAP SCREEN

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

TRANSMIT

TEMPORARY HOLD

1 ANY ST

Ready to transmit

TRANSMIT

HOLD

# JUMP Screen with JUMP MENU

EXTRA CHARGES SCREEN - PRACTICE COLLECTION

Disagg. Messages DCM KB Incomplete Previous Jump Return Next

5218 N WAS

**JUMP MENU**

UNIT FACESHEET  
ASSIGNMENT SCREEN VERSION 34.5 04/07/17  
UNIT OCCUPANT SCREEN  
TENURE SCREEN  
RENT POD

Does the rent include any o

No unit(s) have a previous

Close Window

Extra Charges

Collection Screen