



### 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:** \_\_\_\_\_