Office of the Secretary (OS) Form 2000

PRIVATE RENTAL SURVEY HOUSES – APARTMENTS – MOBILE HOMES

OMB Control Number 1084-0033 Expires xx-xx-xxxx

16/11/2000		i i i i i i i i i i i i i i i i i i i		СХРІ	IOO AA AA AAAA
Realty Company Name:		Street Address of Rental Unit:			
Owner/Agent Name:		Unit City:		State:	Zip Code:
Owner/Agent Phone:		Survey Community and State:			
Owner/Agent Address or Email:		Comp I.D. Number:			
Owner/Agent City: Sta	te: Zip Code:	Community Code:			
Owner: Agent: T	enant:	Contractor's Representative:		Date Collected:	
HOUSING DATA (FILL IN APPROPRIATE BLANKS AND CHECK BEST CHOICE)					
Year Constructed	10. Central Cooling S	ystem	15. Services Paid Water (incl. we	_	lord (included)
2. Gross Finished Floor Space of this Housing Unit (square feet) Basement First Floor Other Floors 3. Gross Unfinished Basement Space (square feet) 4. Number of Bedrooms 5. Number of Bathrooms (sink/toilet/bathtub = 1.0; sink/toilet/shower = 0.75) 6. Number of Rooms (excludes bathrooms) 7. Exterior Condition Excellent Good Fair Poor 8. Interior Condition Excellent Good Fair	11. Window Cooling U No. of Refrige No. of Evapor 12. Garage/Carport None Garage – Sing Garage – Dou Carport 13. Rent Class House Apartment Mobile Home 14. Appliances Provi (enter # included) Refrigerator Range Dishwasher	ated & Evaporative Units rated Air Units ative Air Units gle Car able Car Plexed	—	rovided by L shed rooms) king Fireplace ace or Not W g Stove (a steed to, in front ace) No ract Rent	e Available forking
Poor 9. Primary Heating Energy Natural Gas Liquid Propane Gas Fuel Oil Electricity – resistance heat Electricity – heat pump Coal Wood Solar None	Washer Dryer Freezer Microwave Ov Trash Compa				OS-2000

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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 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.

Privacy Act Statement: Your participation is voluntary. If you do participate, you do not have to give us personal information in order to complete this form. The data obtained from you will be treated anonymously, and will be used only for statistical purposes – to measure private rental rates in your community and region. However, we reserve the right to contact you to clarify this information or to verify our contractor's performance. We will not disclose this information; it is published only in aggregate form. We do not give, sell or transfer any personal information to a third party. It will not be shared with other property managers or rental companies. Direct comments regarding the Privacy Act, 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.