

Rent Survey

Unit Details:

Unit Address _____

City _____

State _____

ZIP Code _____

Subdivision/Apartment Complex _____

Requested monthly rent \$ _____

Number of Bedrooms Number _____

Square Footage _____

of Full Bathrooms Number of 1/2 _____

Year Built _____

Bathrooms _____

Property Type (Select One):

- | | | | |
|--------------------------------------|----------------------------------|--|------------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Duplex | <input type="checkbox"/> Condo/Co-op | <input type="checkbox"/> Low-Rise |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Triplex | <input type="checkbox"/> Townhouse/Villa | <input type="checkbox"/> High-Rise |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> 4-Plex | <input type="checkbox"/> Row House | <input type="checkbox"/> Loft |

Overall Condition (Select One):

- Excellent: New or fully renovated since last occupied
- Above Average: Recently restored or remodeled
- Average: Mild wear, a few minor updates and repairs needed
- Fair: Heavy wear, several minor updates and repairs needed
- Poor: Extensive wear, major updates or repairs needed

Utilities:

Information MUST match the Request for Tenancy Approval Are the following included in rent?

- | | | | | | |
|-----------|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|
| Electric | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Water Sewer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gas | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trash Pickup | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lawn Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| Fuel Type (Place an "X" in the appropriate boxes) | Heating | Water Heating | Cooking |
|--|---------|---------------|---------|
| Natural Gas | | | |
| Electric | | | |
| Bottle Gas/Propane | | | |
| Oil | | | |
| Coal/Other (Specify) | | | |



