

Berkeley Housing Authority Unit Characteristics Survey

Property Owners: Please Complete All Sections of this Form

Owner/Agent Name:							
Phone Number:		Email:		Cell:			
Tenant Name:		Address:		Apt/Unit:			
City:		State:		Zip Code:			
Property Type: <input type="checkbox"/> House <input type="checkbox"/> 4 Plex <input type="checkbox"/> Apt. <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> Triplex		Entry: <input type="checkbox"/> Private <input type="checkbox"/> Common Area Number of Bedrooms: _____ Number of Bathrooms: _____		Parking: <input type="checkbox"/> 1-Car Carport <input type="checkbox"/> Assigned <input type="checkbox"/> 2-Car Carport <input type="checkbox"/> Unassigned <input type="checkbox"/> 1-Car Garage <input type="checkbox"/> Driveway <input type="checkbox"/> 2-Car Garage <input type="checkbox"/> Street <input type="checkbox"/> None			
Proposed Rent Amt: \$	Year Built:	Square Feet:	Exterior:	<input type="checkbox"/> Balcony	<input type="checkbox"/> Porch	<input type="checkbox"/> Deck	<input type="checkbox"/> Patio
Describe All Improvements in the Past 12 Months and any other justification for the proposed rent:							
<input type="checkbox"/> Security System	<input type="checkbox"/> Pets Allowed	<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Modified for Sight Impaired	<input type="checkbox"/> Exterior Lighting	<input type="checkbox"/> Periodic Pest Control Co. _____	<input type="checkbox"/> Secure Play Area	<input type="checkbox"/> Wheelchair Access
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Periodic Landscaping firm _____	<input type="checkbox"/> On Site Laundry	<input type="checkbox"/> Cable paid by owner	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Gated Community	<input type="checkbox"/> W/D Hook-ups	<input type="checkbox"/> Internet paid by owner
Bedrooms:	<input type="checkbox"/> Wall to Wall Carpeting	<input type="checkbox"/> Hardwood Floors	<input type="checkbox"/> Linoleum	<input type="checkbox"/> Curtains	<input type="checkbox"/> Blinds	<input type="checkbox"/> No window coverings	
Kitchen:	<input type="checkbox"/> Linoleum/Tile	<input type="checkbox"/> Hardwood Floors	How old is flooring? _____				
Bathroom:	<input type="checkbox"/> Linoleum/Tile	How old is flooring? _____		<input type="checkbox"/> Curtains	<input type="checkbox"/> Blinds	<input type="checkbox"/> No window coverings	
Is this unit subsidized by any of the following? (If yes, please indicate type)							
<input type="checkbox"/> Yes	<input type="checkbox"/> Tax Credit	<input type="checkbox"/> Section 221	<input type="checkbox"/> Section 236 (insured or noninsured)	<input type="checkbox"/> Section 515 Rural			
<input type="checkbox"/> No	<input type="checkbox"/> Section 202	<input type="checkbox"/> (d)(3)(BMR)					
Mark Appliances and Age of Appliances	<input type="checkbox"/> Washer	<input type="checkbox"/> Stove	<input type="checkbox"/> Microwave	<input type="checkbox"/> Garbage Disposal			
<i>Included in Rent:</i>	<input type="checkbox"/> Dryer	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> OTHER _____			
	<input type="checkbox"/> Dishwasher						
Heat Style:	<input type="checkbox"/> Central	<input type="checkbox"/> Window/Wall	Water Heater Type:	<input type="checkbox"/> Gas	PG&E Gas Paid By:	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
	<input type="checkbox"/> Furnace	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Electric	PG&E Electric Paid By:	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner	
	<input type="checkbox"/> Radiator	<input type="checkbox"/> None	Cooking Type:	Water Heating Paid By:	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner	
Heat Type:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	Water Paid By:	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner	
	<input type="checkbox"/> Electric		<input type="checkbox"/> Electric	Sewer Paid By:	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner	
				Trash Paid By:	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner	
OWNER'S CERTIFICATION:							
<input type="checkbox"/> The Unit is <u>not</u> rented to a relative or <input type="checkbox"/> The Unit is rented to a relative <input type="checkbox"/> The unassisted units listed below, and listed as rent "comparables" are similar to the unit in question in size, in terms of location, quality, unit type and age of the contract unit: Address 1: _____ () Single Family Home () Dup/4-plex () 5 or more Units Address 2: _____ () Single Family Home () Dup/4-plex () 5 or more Units Address 3: _____ () Single Family Home () Dup/4-plex () 5 or more Units							
<input type="checkbox"/> Attached is documentation of the comparables listed above <input type="checkbox"/> A photo of the exterior, kitchen, and bathroom are attached <input type="checkbox"/> Basic utilities (gas, electricity, water, and garbage) are in place, with appropriate meters to monitor usage by unit <input type="checkbox"/> I understand that BHA must compare the gross rent (Contract Rent plus the utility allowance for any utility paid by the Tenant) in order to make a determination on the rent requested <input type="checkbox"/> The unit passed the most recent Housing Quality Standards Inspection and currently meets HUD Housing Quality Standards.							
_____			_____			_____	
Print Name			Signature			Date	