Berkeley Housing Authority Unit Characteristics Survey

Property Owners: Please Complete All Sections of this Form

Owner/Agent Name:

Owner/Agent Phone Number: **Cell:** **Email:**

Tenant Name: **Address – include Apt or Unit and Zip:**

Anniversary Date of Contract:

Property Type:
- ❑ House
- ❑ Apt.
- ❑ Duplex
- ❑ Triplex
- ❑ 4 Plex
- ❑ Townhouse
- ❑ Condo

Entry: ❑ Private ❑ Common Area
Number of Bedrooms: _____
Number of Bathrooms: _____

Parking:
- ❑ 1-Car Carport
- ❑ 2-Car Carport
- ❑ 1-Car Garage
- ❑ 2-Car Garage
- ❑ Assigned
- ❑ Unassigned
- ❑ Driveway
- ❑ Street
- ❑ None

Proposed Rent Amt: $ **Year Built:** **Square Feet:** **Exterior:** ❑Balcony ❑ Porch ❑Deck ❑ Patio

Describe All Improvements in the Past 12 Months and any other justification for the proposed rent:

- ❑ Security System
- ❑ Exterior Lighting
- ❑ Ceiling Fans
- ❑ Fireplace
- ❑ Pets Allowed
- ❑ Periodic Pest Control Co._____
- ❑ Periodic Landscaping firm_____
- ❑ Gated Community
- ❑ Fenced Yard
- ❑ Secure Play Area
- ❑ On Site Laundry
- ❑ W/D Hook-ups
- ❑ Modified for Sight Impaired
- ❑ Wheelchair Access
- ❑ Cable paid by owner
- ❑ Internet paid by owner

Bedrooms: ❑ Wall to Wall Carpeting ❑ Hardwood Floors ❑ Linoleum ❑ Curtains ❑ Blinds ❑ No window coverings

Kitchen: ❑ Linoleum/Tile ❑ Hardwood Floors How old is flooring?_____

Bathroom: ❑ Linoleum/Tile How old is flooring?_____ ❑ Curtains ❑ Blinds ❑ No window coverings

Is this unit subsidized by any of the following? (If yes, please indicate type)
- ❑ Yes
- ❑ No
- ❑ Tax Credit
- ❑ Section 202
- ❑ Section 221 (d)(3)(BMR)
- ❑ Section 236 (insured or noninsured)
- ❑ Section 515 Rural

Mark Appliances and Age of Appliances *Included in Rent:*
- ❑ Washer
- ❑ Dryer
- ❑ Stove ○ Gas ○ Electric
- ❑ Microwave
- ❑ Refrigerator
- ❑ Dishwasher
- ❑ Garbage Disposal
- ❑ OTHER_____

Heat Style:
- ❑ Central
- ❑ Furnace
- ❑ Radiator
- ❑ Window/Wall
- ❑ Baseboard
- ❑ None

Heat Type:
- ❑ Gas ❑Electric

Water Heater Type:
- ❑ Gas
- ❑ Electric

Cooking Type:
- ❑ Gas
- ❑ Electric

PG&E Gas Paid By:	❑ Tenant	❑ Owner
PG&E Electric Paid By:	❑ Tenant	❑ Owner
Water Heating Paid By:	❑ Tenant	❑ Owner
Water Paid By:	❑ Tenant	❑ Owner
Sewer Paid By:	❑ Tenant	❑ Owner
Trash Paid By:	❑ Tenant	❑ Owner

OWNER'S CERTIFICATION – place initials next to the following, certifying compliance with these requirements:

____ The Unit is <u>not</u> rented to a relative OR ____ The Unit <u>is</u> rented to a relative

____ For Rent Increases Only: a 60 day notice has been supplied to the Tenant

____ 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

____ Attached is documentation of the comparables listed above

____ A photo of the exterior, kitchen, and bathroom are attached

____ Basic utilities (gas, electricity, water, and garbage) are in place, with appropriate meters to monitor usage by unit

____ The unit passed the most recent Housing Quality Standards Inspection and currently meets HUD Housing Quality Standards

____ 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

_____ _____ _____

Print Name **Signature** **Date**