

Richmond 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: <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 (d)(3)(BMR)			
Mark Appliances and Age of Appliances Included in Rent: <input type="checkbox"/> Washer <input type="checkbox"/> Stove <input type="checkbox"/> Microwave <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Dryer <input type="radio"/> Gas <input type="radio"/> Electric <input type="checkbox"/> Refrigerator <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Dishwasher			
Heat Style: <input type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> Furnace <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiator <input type="checkbox"/> None Heat Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric		Water Heater Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric Cooking Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	
		PG&E Gas Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner PG&E Electric Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner Water Heating Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner 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 – 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 RHA 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	