

UNIT AMENITIES FORM

TENANT NAME:	ENTITY ID#:
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UNIT INFORMATION

ADDRESS:	APT #:
CITY:	ZIP CODE:

OF BEDROOMS (CIRCLE ONE) 0 1 2 3 4 5 6 # OF BATHROOMS (CIRCLE ONE) 1 1.5 2 2.5 3

SQUARE FOOTAGE:

YEAR BUILT:

PROPERTY TYPE (CIRCLE ONE) SINGLE FAMILY HOME TOWNHOUSE DUPLEX 4-PLEX APT OTHER: _____

SHARED HOUSING (CIRCLE ONE) YES NO

(Defined as an arrangement in which two or more unrelated people share a house or an apartment. Private sleeping quarters are available; the rest of the house is shared.)

UTILITIES: Refers to services provided to the unit. Check the boxes to which services are provided and which are not and who pays for them.

HEATING FUEL: <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER	COOKING FUEL: <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER	HOT WATER: <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER
<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil	<input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil
OTHER ELECTRIC: <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER	WATER: <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER	SEWER: <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER

UNIT AMENITIES: Refers to features and/or appliances that are included with the unit. Check boxes to designate which amenities are provided by the owner and which are not.

COOLING? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate: <input type="checkbox"/> Window <input type="checkbox"/> Central HEATING? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate: <input type="checkbox"/> Wall <input type="checkbox"/> Central	Ceiling Fan <input type="checkbox"/> YES <input type="checkbox"/> NO Dryer Provided <input type="checkbox"/> YES <input type="checkbox"/> NO Washer Provided <input type="checkbox"/> YES <input type="checkbox"/> NO Wash/Dry Hook Up <input type="checkbox"/> YES <input type="checkbox"/> NO Onsite Laundry <input type="checkbox"/> YES <input type="checkbox"/> NO Dishwasher <input type="checkbox"/> YES <input type="checkbox"/> NO Garbage Disposal <input type="checkbox"/> YES <input type="checkbox"/> NO Microwave <input type="checkbox"/> YES <input type="checkbox"/> NO Refrigerator <input type="checkbox"/> YES <input type="checkbox"/> NO	Stove <input type="checkbox"/> YES <input type="checkbox"/> NO Balcony <input type="checkbox"/> YES <input type="checkbox"/> NO Swimming Pool <input type="checkbox"/> YES <input type="checkbox"/> NO Gated Community <input type="checkbox"/> YES <input type="checkbox"/> NO Garage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate: <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Cars Assigned Parking? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate: <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Cars
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MAINTENANCE: Refers to services provided by the owner and **included in the rent for the unit.** Check the boxes to which maintenance services are provided and which are not. LANDSCAPING: YES NO PEST CONTROL: YES NO TRASH: YES NO

SHARED HOUSING UTILITIES: (If applicable) Describe how the shared utilities (water/electric-gas) will be billed to the tenant or indicate if it is included in the total contract rent: _____

I certify and affirm under penalty of perjury that the above information is true and correct. I understand that Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

Print Name of Owner/Payee

Signature of Owner/Payee

Date

June 26, 2017

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