

UNIT AMENITIES FORM

TENANT NAME:	ENTITY ID#:
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UNIT INFORMATION

ADDRESS:	APT #:
CITY:	ZIP CODE:

# OF BEDROOMS (CIRCLE ONE)	SRO/STUDIO 1 2 3 4 5 6	# OF BATHROOMS (CIRCLE ONE)	1 1.5 2 2.5 3
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SQUARE FOOTAGE:	YEAR BUILT:
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PROPERTY TYPE: SINGLE FAMILY HOME TOWNHOUSE DUPLEX 4-PLEX APT OTHER: _____

SHARED HOUSING: 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.)

REQUESTED RENT: \$

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 <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil	OTHER ELECTRICITY: <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER	COOLING? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate: <input type="checkbox"/> Central <input type="checkbox"/> Swamp Cooler <input type="checkbox"/> Window/Wall
COOKING FUEL: <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil	WATER: <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER <input type="checkbox"/> City <input type="checkbox"/> Well	HEATING? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate: <input type="checkbox"/> Baseboard <input type="checkbox"/> Central <input type="checkbox"/> Wall
HOT WATER: <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil	SEWER: <input type="checkbox"/> TENANT <input type="checkbox"/> OWNER <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank	

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

INDOOR	KITCHEN	OUTDOOR	MAINTENANCE
Cable Included <input type="checkbox"/> YES <input type="checkbox"/> NO	Dishwasher <input type="checkbox"/> YES <input type="checkbox"/> NO	Balcony <input type="checkbox"/> YES <input type="checkbox"/> NO	Lawn/Landscaping <input type="checkbox"/> YES <input type="checkbox"/> NO
Dryer Provided <input type="checkbox"/> YES <input type="checkbox"/> NO	Microwave <input type="checkbox"/> YES <input type="checkbox"/> NO	Gated Community <input type="checkbox"/> YES <input type="checkbox"/> NO	Trash <input type="checkbox"/> YES <input type="checkbox"/> NO
Wash/Dry Hook Up <input type="checkbox"/> YES <input type="checkbox"/> NO	Stove <input type="checkbox"/> YES <input type="checkbox"/> NO	Pool <input type="checkbox"/> YES <input type="checkbox"/> NO	Pest Control <input type="checkbox"/> YES <input type="checkbox"/> NO
Ceiling Fan <input type="checkbox"/> YES <input type="checkbox"/> NO	Garbage Disposal <input type="checkbox"/> YES <input type="checkbox"/> NO	Parking <input type="checkbox"/> YES <input type="checkbox"/> NO	
Washer Provided <input type="checkbox"/> YES <input type="checkbox"/> NO	Refrigerator <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please indicate: <input type="checkbox"/> Driveway <input type="checkbox"/> Unassigned <input type="checkbox"/> Open <input type="checkbox"/> Street	
On Site Laundry <input type="checkbox"/> YES <input type="checkbox"/> NO		Garage: <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car Covered Parking: <input type="checkbox"/> 1 Space <input type="checkbox"/> 2 Space	

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 _____
Date

Signature of Owner/Payee

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