



RENT REASONABLE & INSPECTION REQUEST

CLIENT INFORMATION		
Client Name:	Client #:	
Phone:		
Does the client currently live in the unit listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No		

UNIT INFORMATION		
Property Name (If Applicable):		
Unit Address:		
Number of Bedrooms:	Number of Bathrooms:	
Rent Amount:	Square Footage:	Year Built:
Date unit will be available for inspection:		
Special Instructions:		
Owner/Manager Name:		
Owner/Manager Phone:		
Owner/Manager Email:		

PROPERTY TYPE
<input type="checkbox"/> Single Family Home/Mobile-Manufactured Home
<input type="checkbox"/> Semi-Detached/Duplex/Triplex/Fourplex
<input type="checkbox"/> High-Rise/Apartment/Low-Rise/Rowhouse/Garden Townhouse

UTILITIES							
Heat	Electric <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Bottle Gas <input type="checkbox"/>	Oil/Propane <input type="checkbox"/>	Other <input type="checkbox"/>	Tenant Pays	Landlord Pays
Hot Water	Electric <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Bottle Gas <input type="checkbox"/>	Oil/Propane <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	Electric <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Bottle Gas <input type="checkbox"/>	Oil/Propane <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Electric						<input type="checkbox"/>	<input type="checkbox"/>
Water	Well <input type="checkbox"/>		City <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Sewer	Septic Tank <input type="checkbox"/>		Public Sewer <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Trash	Can <input type="checkbox"/>	Dumpster <input type="checkbox"/>		Other <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

AMENITIES- Provided by owner		
<input type="checkbox"/> Lawn Maintenance	<input type="checkbox"/> Washer/Dryer (in unit)	<input type="checkbox"/> On Site Laundry
<input type="checkbox"/> Pest Control	<input type="checkbox"/> Washer/Dryer Hook-ups	<input type="checkbox"/> Balcony/Patio
<input type="checkbox"/> Pool	<input type="checkbox"/> Refrigerator	Air Conditioner: <input type="checkbox"/> Window <input type="checkbox"/> Wall <input type="checkbox"/> Central <input type="checkbox"/> Swamp Cooler
<input type="checkbox"/> Gated/Fenced	<input type="checkbox"/> Stove/Range	
<input type="checkbox"/> Cable/Internet Included	<input type="checkbox"/> Microwave	Heat: <input type="checkbox"/> Wall <input type="checkbox"/> Space Heater <input type="checkbox"/> Central building <input type="checkbox"/> Furnace
<input type="checkbox"/> Ceiling Fan	<input type="checkbox"/> Dishwasher	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Garbage Disposal	Parking: <input type="checkbox"/> Carport <input type="checkbox"/> Garage <input type="checkbox"/> Unassigned <input type="checkbox"/> Assigned

OFFICE USE ONLY		
Caseworker:	Inspector:	
Voucher Size:	Date of inspection:	
Date given to inspector:	Comments:	
Notes for inspector:	<input type="checkbox"/> Pass	<input type="checkbox"/> New
	<input type="checkbox"/> Fail	<input type="checkbox"/> Move
<input type="checkbox"/> Mark if inspection completed by City Housing. Notes:		

