

Housing Survey

Housing Choice Voucher Program

CITY OF DAVENPORT
OFFICE OF ASSISTED HOUSING
501 West 3rd Street
DAVENPORT, IA 52801

FAX (563)326-7969

Please complete all of the information about the housing unit listed below.

Unit Location

Building Name (optional) _____
Street Address _____ Apt # _____
City, State, ZIP _____

Management and Owner Information

Management Information

Managed By Owner
 Management Company
Mgr Name _____
Mgr Phone _____
Is the Owner / Manager On-Site? Yes No

Owner Information

Owner Name _____
Owner Address _____
City _____
State _____ ZIP _____

Unit Size, Cost and Utilities Provided

Size of Unit

Number of Bedrooms _____
Number of Bathrooms _____
Square Footage Above Average
 Average
 Below Average

Lease Information

Current Rent \$ _____
Date Rented _____

Unit is assisted under a Federal, State or local government program or the rent and rent increases are restricted by law or court action. Yes No

Owner Paid Utilities

Check all utilities that are included in the rent

Heat Water Heat Water Trash Collection Refrigerator
 Cooking Other Electric Sewer Air Conditioning Range

Types of Utilities Used

The unit is heated with:

Natural Gas Oil
 Electric
 Bottle Gas

The stove uses:

Natural Gas Oil
 Electric
 Bottle Gas

The hot water is heated with:

Natural Gas Oil
 Electric
 Bottle Gas

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Unit Type, Quality and Age

Unit Type

Check the one box that best describes the unit

- | | |
|---|--|
| <input type="checkbox"/> High Rise | <input type="checkbox"/> Row House/Garden Apt. |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Single Family Detached |
| <input type="checkbox"/> Older Home Converted | <input type="checkbox"/> Two/Three Family (Duplex) |
| <input type="checkbox"/> Older Multi-Family | |

Quality of the Unit

Describe the overall quality and condition of the unit in comparison with other apartments you have seen.

- Above Average
 Average
 Below Average

Age

Estimated year of construction or last major renovation _____

Accessibility

Check all boxes that apply if the unit has specific features to assist people with the following types of disabilities:

- Hearing Sight
 Mobility
 Other

Amenities, Services and Maintenance

Check all of the items listed below that are included in the rent of the unit.

- Air conditioning
- Appliances
- Balcony, patio, deck, porch
- Basement
- Driveway
- Exceptional size relative to needs of family
- Garage or parking facilities
- Good maintenance of building exterior
- Good upkeep of grounds
- High quality floors or wall coverings
- Large yard
- Other forms of weatherization
- Working fireplace

Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 if I furnish false or incomplete information.

Name

Signature

Date