

I have No Unassisted units

BANGOR HOUSING AUTHORITY
RENTAL SURVEY OF NON-ASSISTED* UNITS

*NOT assisted under any Federal, State, or local government program—The tenant pays the full amount of rent you have requested

UNIT ADDRESS _____ CITY _____ ME ZIP _____

CONDITION COMPARED TO OTHER UNITS ON THE MARKET Good Fair Poor

HANDICAPPED ACCESSIBLE Yes No

UNIT DETAIL

- Single Family Home
- Semi-Detached/Row
- Mobile Home
- Low Rise (1-2 Stories)
- High Rise (3+ Stories; Elevator)

YEAR BUILT

TOTAL SQ. FEET

OF BEDROOMS

OF BATHROOMS

MONTH OWNER RAISES RENT

CURRENT RENT \$ _____ EFFECTIVE _____

PREVIOUS RENT \$ _____ EFFECTIVE _____

ON SITE MANAGER Yes No

MAINTENANCE PERSON AVAILABLE BY BEEPER
24 Hours Yes No

LAWN CARE Tenant Owner

SNOW REMOVAL Tenant Owner

OWNER

Name _____

Address _____

City _____

State _____ ZIP _____

Telephone () _____

Fax _____

EMAIL _____

MANAGER

Name _____

Address _____

City _____

State _____ ZIP _____

Telephone () _____

Fax _____

EMAIL _____

IS THE UNIT NEAR ANY OF THE FOLLOWING PLACES AND
IF SO, PLEASE INDICATE APPROXIMATE DISTANCE FROM UNIT WITHIN

	1/2 MILE	1 MILE	MORE THAN 1 MILE
STORE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC TRANSPORTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL FACILITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POST OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLICE STATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVER 9

Unit Information—Please check all that apply

AMENITIES provided at the Unit

- Carpet Drapes/Blinds/Curtains
- Dishwasher Garbage Disposal
- Range Refrigerator
- On Site Coin Op Laundry
- Washer/Dryer Hook-Ups
- Additional 1/2 bath
- Additional Full Bath
- Deck/Patio Microwave
- All Rooms separated by walls.
- Other _____

FACILITIES provided at the Unit

- Private Parking
- Garage at no additional cost
- Private Yard
- Common Play Yard
- Tennis Courts
- Security Gate/Intercom System
- Storage/Finished Basement/Attic
- Separate Storage Building
- Dumpster
- Other _____

UTILITIES

Who pays for the following:

	TENANT	OWNER
HEAT		
HOT WATER		
LIGHTS		
WATER/SEWER		
TRASH REMOVAL		

TYPE OF HEATING FUEL

- Propane
- Electric
- Fuel Oil
- Wood
- Natural Gas

HOT WATER HEATING SOURCE

- Propane
- Electric
- Fuel Oil
- Wood
- Natural Gas

ADDITIONAL INFORMATION AND/OR COMMENT: _____

SIGNATURE _____ **DATE** _____

PLEASE PRINT NAME _____