Rent Survey					
Unit Address:			Proposed Rent:		
No. Bedrooms:	D	ate Built:	Square Feet:		
No. Bathrooms:					
NOTE: Units built prior to 1978 may require lead-based paint testing if the paint on property is chipping, cracking and/or peeling and there are children under the age of 6 in the household.					
Please check off the items that most closely describe your unit(s)					
Amenities and Facilities					
☐ On-Site Laun ☐ Washer in un ☐ Dryer in unit ☐ W/D Hook Up ☐ Stove ☐ Dishwasher	it	☐ Microwave ☐ Refrigerate ☐ Garbage I ☐ Ceiling Fa ☐ Gated Core ☐ Pool	ator		
Heat source (Main source of heat) Choose One Central Window/wall Furnace Other Other					
Maintenance – Paid by Owner					
Lawn		Pest Contro	rol		
Unit type – Cho	ose <u>One</u>		Unit Condition – Choose One		
Low-Rise Apt (3 or 4 story building) High-Rise Apt (5+ story building) House Mobile (at least 4 tie downs required) Row house/Townhouse (3+ units connected) Duplex (2 units connected)		nected)	☐ Below Average ☐ Average ☐ Fair ☐ Good ☐ Excellent ☐ Newly Remodeled		
Parking – Choose <u>One</u>					
Carport			☐ Street ☐ Covered ☐ Driveway ☐ None		
*Will not affect affordability					

Will not affect affordability

Utilities	Type (Choose One)	Paid By (Check One)			
Primary Heat	 Natural Gas Bottle Gas/Propane Electric Electric Heat Pump Oil Wood 	☐ Owner ☐ Tenant			
Cooking	Natural GasBottle Gas/PropaneElectric	☐ Owner ☐ Tenant			
Water Heating	Natural Gas□ Bottle Gas/Propane□ Electric□ Oil	☐ Owner ☐ Tenant			
Trash	N/A	Owner Tenant			
Water Company (bil	_				
Cascadia (was Aq City of Bainbridge City of Bremerton City of Port Orcha City of Poulsbo City of Shelton	Island ☐ North Perry Ave ☐ West Sound	onthly fee			
Paid by: Owner City Limits: In	☐ Tenant				
Sewer Company (billing)					
☐ Allen ☐ Belfair ☐ City of Bremerton ☐ City of Port Orcha ☐ City of Poulsbo ☐ City of Shelton	☐ Grapeview ☐ Kitsap PUD ☐ West Sound	nonthly fee			
Paid by: ☐ Owner City Limits: ☐ In	☐ Tenant				
I understand that the rent amount being requested will be calculated based on the information obtained from this survey. I certify that the information presented is true and complete to the best of my knowledge and best reflects the <i>current</i> amenities and information regarding the subject unit.					
Signature		Date			
		e states that a person is guilty of a felony for ts to any department or agency of the United			

States.