

Government Housing Inventory

Add Record Delete Record Change Record

Q1 Agency _____ Installation _____
Quarters I.D. No. _____

LOCATION

L1 Quarter Name (e.g. unique name, address, meaningful identifier) _____
L2 Survey Region _____ (AK, AN, AS, CB, CL, CU, GU, HI, IM, MS, NE, NM, NC, PL, OW, SE)
L3 Nearest Established Community (NEC) and State _____
L4 One-way Miles between housing unit and nearest established community (round to nearest mile):
Paved Road _____ Unpaved/Improved Road _____ Unimproved Road _____
Water/Special _____ Air _____
L5 Mgmt Unit/Prop System Mgmt ID _____
L6 Facility Mgmt No/Prop Equip ID _____
L7 Justification of Housing Unit is Approved

STRUCTURE

<p>S1 Rent Class: <input type="checkbox"/> Apartment <input type="checkbox"/> Boat <input type="checkbox"/> Cabin <input type="checkbox"/> Dormitory <input type="checkbox"/> House <input type="checkbox"/> Plex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Trailer Pad/Space (for a Tenant RV) <input type="checkbox"/> Travel Trailer (Govt-owned RV)</p> <p>S2 Date Built (mm / dd / yyyy) _____/_____/_____</p> <p>S3 Interior Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Obsolete <input type="checkbox"/> Fair <input type="checkbox"/> Not Applicable</p> <p>S4 Exterior Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Obsolete <input type="checkbox"/> Fair <input type="checkbox"/> Not Applicable</p> <p>S5 Insulation: <input type="checkbox"/> Adequate <input type="checkbox"/> None <input type="checkbox"/> Minimum</p> <p>S6 Gross Finished Floor Space (sq. ft.): Finished Basement _____, _____ First Floor _____, _____ Other Floor(s) _____, _____</p> <p>S7 Official Business Use Space (sq. ft.): Finished Basement _____, _____ First Floor _____, _____ Other Floor(s) _____, _____</p> <p>S8 Unused Finished Space (sq. ft.): Finished Basement _____, _____ First Floor _____, _____ Other Floor(s) _____, _____</p> <p>S9 Unfinished Basement _____, _____</p> <p>S10 Planned Tenants (if > 1) _____</p>	<p>S11 Rooms _____ No. Used _____</p> <p>S12 Bedrooms _____ No. Used _____</p> <p>S13 Bathrooms _____ No. Used _____</p> <p>S14 Dorm Rooms _____</p> <p>S15 <input type="checkbox"/> One-Car Garage (No. _____)</p> <p>S16 <input type="checkbox"/> Two-Car Garage (No. _____)</p> <p>S17 <input type="checkbox"/> Carport (No. _____)</p> <p>S18 Current Use: <input type="checkbox"/> QMIS <input type="checkbox"/> Office <input type="checkbox"/> Training <input type="checkbox"/> Conference <input type="checkbox"/> Shop <input type="checkbox"/> Storage <input type="checkbox"/> Excess <input type="checkbox"/> Destroy <input type="checkbox"/> Other</p> <p>S19 Carbon Monoxide Detectors No. _____</p> <p>S20 Smoke Detectors No. _____</p> <p>S21 <input type="checkbox"/> Handicap Accessible</p> <p>S22 <input type="checkbox"/> Seasonal Use Only</p> <p>S23 <input type="checkbox"/> Fire Sprinklers</p> <p>S24 Lead Based Paint (LBP): <input type="checkbox"/> No LBP Hazard (built in 1978 or after) <input type="checkbox"/> Inspected/No Hazard - LBP does not exist* or did exist and was mitigated* <input type="checkbox"/> Inspected/Hazard - LBP does exist* <input type="checkbox"/> Not Inspected - LBP existence is unknown* <i>*All known LBP information must be given to each tenant, with a LBP brochure, per EPA regulations 42 USC 4852d</i></p>
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TENANT

T1 First Name _____ Last Name _____

T4 Arrival Date (mm/dd/yyyy) ____/____/____

T5 Type:

- 100-297 Grant
- 93-638 Tribal
- Commission Corps
- Concessionaire
- Contractor
- General Public
- Other Federal
- Other Non-Federal
- Permanent Federal
- Researcher Non-Federal
- Seasonal Federal
- Tribal
- Volunteer Non-Student
- Volunteer Student

T6 Tenant Pays Federal Rate (Per Contract)

T7 Room No. _____

T8 Department _____

T9 Grade/Rank _____

T10 Departure Date (mm/dd/yyyy) ____/____/____

T11 Required Occupant:

- Necessary Service
- Protection

T12 Tax Exempt:

- Condition of Employment
- Convenience of the Government
- Housing on Government Premises

T13 Termination Notice (days) _____

T14 Lease Start Date (mm/dd/yyyy) ____/____/____

T15 Lease End Date (mm/dd/yyyy) ____/____/____

➔ *Attach additional pg. 3 sheets if more than one Tenant*

TENANT APPLIANCES

If electric, propane or natural gas are **billed in rent**,
 inventory above-named tenant's appliances. Fuel used: **C**=Coal; **E**=Electric;
F1=Fuel Oil 1; **F2**=Fuel Oil 2; **G**=Nat Gas; **P**=Propane; **W**=Wood

TA1	Number:	Fuel:
Dishwasher	_____	_____
Dryer	_____	_____
Engine Heater	_____	_____
Freezer	_____	_____
Hot Tub	_____	_____
Microwave	_____	_____
Range	_____	_____
Refrigerator	_____	_____
Satellite Dish	_____	_____
Space Heater	_____	_____
Trash Compactor	_____	_____
Washer	_____	_____
Window AC Evap	_____	_____
Window AC Refrig	_____	_____

INVENTORY COMPLETED BY

Name _____
 Position _____
 Date _____