

ATTACHMENT B

Office of the Secretary (OS)  
Form 2000

**PRIVATE RENTAL SURVEY  
HOUSES – APARTMENTS – MOBILE HOMES**

OMB Control Number 1084-0033  
Expires 9-30-2013

|                             |                     |                    |
|-----------------------------|---------------------|--------------------|
| City and State:             |                     |                    |
| Address of Housing Sample:  |                     |                    |
| Name of Owner/Agent:        |                     |                    |
| Address of Owner/Agent:     | Survey I.D. Number: | Community Code:    |
| Survey Community and State: | Zip Code:           | Owner/Agent Phone: |

**HOUSING DATA (FILL IN APPROPRIATE BLANKS AND CHECK BEST CHOICE)**

|   |  |   |
|---|--|---|
| <p>1. Year Constructed <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>2. Gross Finished Floor Space of Each Individual Housing Unit (square feet)</p> <p>Basement <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>First Floor <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Other Floors <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>3. Gross Unfinished Basement Space <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>4. Number of Bedrooms <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>5. Number of Bathrooms <input type="text"/>.<input type="text"/><input type="text"/><input type="text"/><input type="text"/><br/>(note: .25 per fixture; shower only = .75)</p> <p>6. Number of Rooms <input type="text"/><input type="text"/><input type="text"/><br/>(excludes bathrooms)</p> <p>7. Exterior Condition</p> <p><input type="checkbox"/> A. Excellent    <input type="checkbox"/> D. Poor</p> <p><input type="checkbox"/> B. Good        <input type="checkbox"/> E. Obsolete</p> <p><input type="checkbox"/> C. Fair</p> <p>8. Interior Condition</p> <p><input type="checkbox"/> A. Excellent    <input type="checkbox"/> D. Poor</p> <p><input type="checkbox"/> B. Good        <input type="checkbox"/> E. Obsolete</p> <p><input type="checkbox"/> C. Fair</p> <p>9. Primary Heating Energy</p> <p><input type="checkbox"/> A. Natural Gas</p> <p><input type="checkbox"/> B. Liquid Propane Gas</p> <p><input type="checkbox"/> C. Fuel Oil</p> <p><input type="checkbox"/> D. Electricity – resistance heat</p> <p><input type="checkbox"/> E. Electricity – heat pump</p> <p><input type="checkbox"/> F. Coal</p> <p><input type="checkbox"/> G. Wood</p> <p><input type="checkbox"/> H. Solar</p> <p><input type="checkbox"/> I. None</p> | <p>10. Central Cooling System</p> <p><input type="checkbox"/> A. Refrigerated Air</p> <p><input type="checkbox"/> B. Evaporative Air</p> <p><input type="checkbox"/> C. Both        <input type="checkbox"/> D. None</p> <p>11. Window Cooling</p> <p><input type="checkbox"/> No. of Refrigerated Air Units</p> <p><input type="checkbox"/> No. of Evaporative Air Units</p> <p>12. Trailer Pad Construction</p> <p><input type="checkbox"/> A. Hard Surface (cement, asphalt, etc.)</p> <p><input type="checkbox"/> B. Natural Surface (dirt, gravel, etc.)</p> <p><input type="checkbox"/> C. Not Applicable</p> <p>13. Garage/Carport</p> <p><input type="checkbox"/> A. Garage – Single Car</p> <p><input type="checkbox"/> B. Garage – Double Car</p> <p><input type="checkbox"/> C. Carport</p> <p><input type="checkbox"/> D. None</p> <p>14. Rent Class</p> <p><u>Single Family House</u></p> <p><input type="checkbox"/> A. 4 Bedroom</p> <p><input type="checkbox"/> B. 3 Bedroom</p> <p><input type="checkbox"/> C. 2 Bedroom</p> <p><input type="checkbox"/> D. 1 Bedroom</p> <p><u>Apartment Unit</u></p> <p><input type="checkbox"/> E. 3 Bedroom</p> <p><input type="checkbox"/> F. 2 Bedroom</p> <p><input type="checkbox"/> G. 1 Bedroom</p> <p><input type="checkbox"/> H. 0 Bedroom (Efficiency)</p> <p><u>Mobile Home</u></p> <p><input type="checkbox"/> M. Any Size</p> | <p>15. Duplex / Triplex</p> <p><input type="checkbox"/> Yes        <input type="checkbox"/> No</p> <p>16. Appliances Furnished by Landlord (Insert #)</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Range</p> <p><input type="checkbox"/> Dishwasher</p> <p><input type="checkbox"/> Washer</p> <p><input type="checkbox"/> Dryer</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Microwave Oven</p> <p><input type="checkbox"/> Trash Compactor</p> <p>17. Services Paid for by Landlord</p> <p>Water (incl. well) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sewer (incl. septic) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Garbage <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Lawn Care <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cable TV <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Satellite Dish hook-up <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electricity <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Heating Fuel <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Firewood <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Snow Removal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Furnishings Provided by Landlord (enter # of furnished rooms) <input type="text"/><input type="text"/></p> <p>19. Fireplace</p> <p><input type="checkbox"/> A. Working Fireplace</p> <p><input type="checkbox"/> B. No Fireplace or Not Working</p> <p>20. Free Standing Stove (i.e. a stove that is not inside of, attached to, in front of or vented through a fireplace)</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>21. Monthly Contract Rental Rate (round to nearest dollar)</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> |
|---|--|---|

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**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 8 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate, or any other aspect of this form, to the U.S. Department of the Interior, Office of the Secretary, Office of Acquisition and Property Management, 1849 C Street NW, MS 2607-MIB, Washington, DC 20240.

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Completed By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_