DATE OF SITE VISIT: \_\_\_\_\_\_

Landlord Name Point of Contact Name (if different than landlord)

Property Complex Name (if applicable)

Management Company (if applicable)

Landlord/POC Phone Number ( ) - Landlord/POC Email

Unit Address Number Street Apt. #

City State Zip

Date Unit is Available for Lease-up:

Rent Amount: $ /month Security Deposit: $

Other Fees (Amenities, parking, pet rent/deposit, etc.)? If yes, please list in space below:

|  |
| --- |
|  |

 **Unit Type:**

 Single Family Detached Semi-Detached/Townhouse Elevator/High-rise Garden/Walk-up Manufactured Home

 Other:

**Utilities - Tenant is responsible for:**

 Electric Gas Water Sewer Trash Cable Internet Other:

 None – all utilities listed above are covered in the rent and therefore, paid by the landlord.

**Bedrooms:**

 Single Room Basement Unit Studio

Number of Bedrooms \_\_\_\_\_\_\_

**Bathrooms:** Number of Full Bathrooms\_\_\_\_\_\_\_ Number of Half Baths \_\_\_\_\_\_\_

**Den:** Does unit have a den? Yes No

**Furnishings:**

Is the unit furnished? Yes No If yes, please specify furniture available:

**Laundry Facilities:**

* Central laundry – any situation where a washer/dryer is shared by multiple units.
* Washer and dryer inside the unit that is in proper working condition.
* No washer and dryer inside the unit but there is a washer/dryer hookup.
* No laundry facilities on-site

 **Shared Living:**

 Is this shared living (meaning other tenants live in the same unit) Yes No

 If yes, how many other occupants live there? \_\_\_\_

 If shared living, tenant has access to (check all that apply):

 Kitchen Washer/Dryer Garage Common Areas

 List any other areas the tenant has access to :

 Are there already pets present in the home? Yes No

**Access to Unit:**

Are there stairs leading up to or within unit? Yes No

If yes, how many flights? If yes, is there elevator access? Yes No

Is the unit accessible to public transportation? Yes No

Lease term preference (check all that apply)

month-to-month 3 months 6 months 12 months 24 months No Preference

 Other Lease Term Preference

What type of subsidy is accepted? (Check all that apply)

* Short-term (includes Emergency Solutions Grant (ESG), Supportive Services to Veteran Families (SSVF))
* Extended (includes Housing Choice Voucher (HCV), Veteran’s Administration Supportive Housing (VASH), Bridging Affordability (BA))

Willing to accept a promissory note before funds are received, if necessary? Yes No

|  |
| --- |
| **Other details of unit (please explain, if applicable):** |

**Referral Information** Date Worksheet Completed \_\_\_\_\_\_\_\_\_\_\_\_

Referring Agency Referring Staff Person

Direct Phone Number Email Address