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)

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

YEAR BUILT ___________ TOTAL SQ. FEET ___________

# OF BEDROOMS ___________ # OF BATHROOMS ___________

MONTH OWNER RAISES RENT ___________

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 □ □ □
PUBLIC TRANSPORTATION □ □ □
SCHOOLS □ □ □
MEDICAL FACILITIES □ □ □
PARK □ □ □
POST OFFICE □ □ □
LIBRARY □ □ □
POLICE STATION □ □ □
FIRE DEPARTMENT □ □ □

OVER ☐
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 ___________________________

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**UTILITIES**

Who pays for the following:

<table>
<thead>
<tr>
<th>UTILITY</th>
<th>TENANT</th>
<th>OWNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOT WATER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIGHTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WATER/SEWER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRASH REMOVAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TYPE OF HEATING FUEL**

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

**HOT WATER HEATING SOURCE**

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

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**ADDITIONAL INFORMATION AND/OR COMMENT:**

________________________
________________________
________________________
________________________
________________________

**SIGNATURE** ___________________________ **DATE** ___________________________

**PLEASE PRINT NAME** ___________________________