

HOUSING AUTHORITY OF YAMHILL COUNTY

NON ASSISTED RENT COMPARABLE UNIT

DATE AVAILABLE _____

OF BEDROOMS: _____ MONTHLY RENT: \$ _____

OF BATHROOMS: _____ DEPOSIT: \$ _____

TYPE OF UNIT: _____ HOUSE _____ APARTMENT
_____ DUPLEX _____ MOBILE HM

PET POLICY: _____

ADDRESS _____

CITY _____

SMOKING POLICY: _____

APPROX. SIZE _____ SQ. FT.

DATE BUILT _____ WEATHERIZED _____

PROPERTY REPRESENTATIVE:

NAME _____

ADDRESS (optional) _____

CITY/STATE _____

PHONE _____ MGR _____

PLEASE CHECK WHICH OF THE FOLLOWING THE LANDLORD INCLUDES IN THE UNIT:

_____ CARPETS W/W	_____ RANGE
_____ WINDOW COVERINGS	_____ REFRIGERATOR
_____ DISHWASHER	_____ W/D HOOK-UP
_____ GARBAGE DISPOSAL	_____ COIN-OP LAUNDRY
_____ GARAGE/CARPORT	_____ PARKING OFF THE STREET
_____ AIR CONDITIONING	_____ SCREENS
_____ DECK/PATIO	_____
_____ WHEELCHAIR ACCESSIBLE	_____

TYPE OF NEIGHBORHOOD: _____ RESIDENTIAL _____ MULTI-FAMILY _____ COMMERCIAL _____ RURAL

ACCESSIBLE TO: _____ STORES _____ SCHOOLS _____ MEDICAL FACILITIES

ON SITE MANAGER _____ TENANT MAINTENANCE (IF ANY) _____

OWNER PAID UTILITIES: _____ WATER _____ GARBAGE _____ ELECTRIC _____ GAS _____ OIL
_____ SEWER _____ PROPANE

TENANT PAID UTILITIES: _____ WATER _____ GARBAGE _____ ELECTRIC _____ GAS _____ OIL
_____ SEWER _____ PROPANE

TYPE OF HEAT: _____ GAS _____ ELECTRIC _____ WOOD _____ OIL _____ PROPANE

TYPE OF HOT WATER HEATER: _____ GAS _____ ELECTRIC