

# Unit Survey Comprehensive Needs Assessment

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0505  
(exp. 5/31/2010)

**Public Reporting Burden** for this collection of information is estimated to average 1.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Chief Information Office, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0505), Washington, DC 20503. **Do not send this completed form to either of the above addresses.**

information by Title IV of the Housing and Community Development Act of 1992, as amended by the Multifamily Housing Property Disposition Reform of 1994 and Section 531 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1998, P.L. 105-65, 1998. The Comprehensive Needs Assessment is a description of current and future financial resources and needs of certain multifamily projects. This information will be used by the Department to assess the amounts of grant assistance. Failure to provide the information requested on this form will result in a delay or rejection of your receiving grant assistance. **Disclosure of this information is voluntary.**

**Authority:** The United States Department of Housing and Urban Development (HUD) is authorized to collect this

Dear resident:

Please fill in the survey for your apartment and the project in general. Your input into this process is the only way to be sure that your needs are taken into account. The Comprehensive Needs Assessment process is a special inspection to help determine the upkeep plan of the building for the next 20 years.

The U.S. Department of Housing and Urban Development appreciates your help in gathering this information. Please note, though, that there are no promises about what repairs will be made to your project or to your apartment, or when they will be made. Not all projects can be repaired at the same time, so some projects will have repairs made before others can be helped.

Basic Identification		
1	Project Name and Address	
2	Building	
3	Apartment (unit) Number	
4	Date completed	

Are there needed repairs or things that need replacing? Please check the items as needed: Check N/A if the item does not exist			
1. Unit Access	OK	Repair	N/A
Outside Front Door (Unit)			
Outside Rear Door (Unit)			
Outside Rear Screen Door (Unit)			
Sliding Glass Door (Unit)			
Sliding Screen Door (Unit)			
Patio/Balcony			
Other (please specify)			

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<b>2. Kitchen</b>			
Windows, Screens			
Flooring			
Electrical & Light Fixtures			
Ceiling			
Doors			
Walls & Baseboards			
Cabinets & Shelves			
Counter Top & Drawers			
Plumbing/Sinks/Faucets			
Range			
Refrigerator			
Disposal Unit			
Other (please specify)			
<b>3. Living Room</b>			
Windows, Screens			
Flooring			
Electrical & Light Fixtures			
Ceiling			
Doors			
Walls & Baseboards			
A/C & Heating System			
Other (please specify)			
<b>4 Bedroom One</b>			
Windows, Screens			
Flooring			
Electrical & Light Fixtures			
Ceiling			
Doors			
Walls & Baseboards			
Closets			
Other (please specify)			
Are there needed repairs or things that need replacing? Please check the items as needed: Check N/A if the item does not exist.			
<b>5. Bedroom Two</b>	<b>OK</b>	<b>Repair</b>	<b>N/A</b>
Windows, Screens			
Flooring			
Electrical & Light Fixtures			
Ceiling			
Doors			
Walls & Baseboards			
Closets			
Other (please specify)			
<b>6. Bedroom Three</b>			
Windows, Screens			

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Flooring			
Electrical & Light Fixtures			
Ceiling			
Doors			
Walls & Baseboards			
Closets			
Other (please specify)			

**7. Bedroom Four**

Windows, Screens			
Flooring			
Electrical & Light Fixtures			
Ceiling			
Doors			
Walls & Baseboards			
Closets			
Other (please specify)			

**8. Bathroom One**

Windows, Screens			
Flooring			
Electrical & Light Fixtures			
Ceiling			
Doors			
Walls & Baseboards			
Cabinets & Shelves			
Counter Top & Drawers			
Plumbing/Sinks/Faucets			
Bath Tub & Shower			
Toilets/Mirrors			
Towel & Tissue Bars			
Hot Water & Water Heater			
Other (please specify)			

Are there needed repairs or things that need replacing? Please check the items as needed: Check N/A if the item does not exist.

<b>9. Bathroom Two</b>	<b>OK</b>	<b>Repair</b>	<b>N/A</b>
Windows, Screens			
Flooring			
Electrical & Light Fixtures			
Ceiling			
Doors			
Walls & Baseboards			
Cabinets & Shelves			
Counter Top & Drawers			
Plumbing/Sinks/Faucets			
Bath Tub & Shower			
Toilets/Mirrors			
Towel & Tissue Bars			
Hot Water & Hot Water Heater			

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Other (please specify)			
<b>10. Common Areas</b>			
Interior Stairwells			
Interior Hallways			
Exterior Stairs & Rails			
Exterior Walkways & Rails			
Elevators			
Community Room			
Windows, Screens			
Electrical & Light Fixtures			
Doors - Exterior/Interior			
Laundry Cabinets & Shelves			
Laundry Counter Top & Drawers			
Laundry Plumbing/Sinks/Faucets			
Laundry Washers/Dryers			
Storage Areas			
Parking Areas			
Sidewalks			
Gates			
Steps			
Playground			
Security System			
Other (please specify)			

11. Please explain any maintenance problems this survey did not cover. You may comment on any remodeling you want done to bring your building up to good standards (security, parking area, additional lighting, etc.) or other changes to make living here better.

12. Please describe other services and changes needed in the project by the residents. Examples of these could include day care centers, congregate dining rooms, commercial kitchens, service coordinators, modernization needs, additional parking spaces or covered parking spaces, community rooms/clubhouses, and recreational areas.