



BC Housing

Portable Rent Supplement Unit Evaluation

Society Name: _____ BC Housing File #: _____

Contact Name: _____ Telephone #: _____

Client/Tenant Name: _____

Unit Address: _____

Municipality: _____ Actual Unit Rent: \$ _____

No. of Bedrooms: _____ Area Maximum Rent: \$ _____

Identify which services are included in the monthly rent:		
<input type="checkbox"/> Hot Water	<input type="checkbox"/> Electricity	<input type="checkbox"/> Heat
<input type="checkbox"/> Parking		

Identify if provided with unit:		
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Microwave	<input type="checkbox"/> Dishwasher
<input type="checkbox"/> Laundry	<input type="checkbox"/> Stove	<input type="checkbox"/> Drapes/Blinds
<input type="checkbox"/> Intercom		
<input type="checkbox"/> Smoke Detectors (Mandatory)		

Describe: (check most appropriate option)			
Laundry Facilities:	<input type="checkbox"/> In-suite	<input type="checkbox"/> Coin	<input type="checkbox"/> None
Type of Heat:	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil
Structure Type:	<input type="checkbox"/> Fully Detached Home		
	<input type="checkbox"/> Townhouse / Row House / Duplex		
	<input type="checkbox"/> Apartment Building		

Building Information:		
Elevators	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unit Wheelchair Modified	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Building Wheelchair Accessible	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Collect and retain photographic record of the following:

- Installed smoke detectors.

- Emergency egress:
 - Front Entry
 - Rear Entry
 - Bedrooms

- General condition of the exterior of the home.

- General condition of the interior of the home:
 - Kitchen
 - Living area
 - Bedrooms

Comments: *(include any relevant information on building amenities, surrounding area and any potential hazards or concerns)*

Recommend Approval: Yes No Conditional *(please explain below)*

Unit Reviewed by: _____ Date: _____
Name, Title, Organization

For BC Housing Office use only:			
Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature: _____
			Date: _____