



# Portable Rent Supplement Unit Evaluation (Inspection)

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 <b>(Mandatory)</b>	

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)

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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: _____