

Entity Name:	Effective Date:
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<b><u>HOUSING AUTHORITY</u></b>	
1. Operated by:	<input type="checkbox"/> Entity <input type="checkbox"/> Subcontracted
2. Total number of units?	
3. Number of stories of each building:	
4. Type of security and fire protection:	
5. Does each unit have smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Battery <input type="checkbox"/> Hardwired	