

INSTRUCTIONS: Sheet is for 5 Developments (4 Sheets are provided).

| <u>Click,enter text.</u> | | HA | Development Details | | | |
|---------------------------------------|----------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| Development No. (e.g. 667-1) | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| Year Built | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| Development Name & Address | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| YEAR of Major Renovation | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| Total # of Apartments | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| Number of Apartments with | 1-Bedroom | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| | 2-Bedrooms | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| | 3-Bedrooms | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| | 4-Bedrooms | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| If applicable, | | CHECK BOX | CHECK BOX | CHECK BOX | CHECK BOX | CHECK BOX |
| No of Floors | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 – 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 4 – 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7 + | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilities | Main Office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Reception | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Community Rm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage | Garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Storage Shed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Container | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Off-Site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof Systems | Shingles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | EPDM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Metal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | BUR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Systems | Elevator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chair Lift | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Generator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Access Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Safety Systems | Fire Alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Monitored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Fire Pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sprinklers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heat | Gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Propane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Co-Gen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Electric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot Water | Gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Propane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Co-Gen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Year Built | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| Development Name & Address | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| YEAR of Major Renovation | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| Total # of Apartments | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| Number of Apartments with | 1-Bedroom | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| | 2-Bedrooms | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| | 3-Bedrooms | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| | 4-Bedrooms | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| If applicable, | | CHECK BOX | CHECK BOX | CHECK BOX | CHECK BOX | CHECK BOX |
| No of Floors | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 – 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 4 – 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7 + | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilities | Main Office | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Reception | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Community Rm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage | Garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Storage Shed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Container | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Off-Site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof Systems | Shingles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | EPDM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Metal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | BUR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Systems | Elevator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chair Lift | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Generator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Access Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Safety Systems | Fire Alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Monitored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Fire Pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sprinklers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heat | Gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Propane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Co-Gen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Electric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot Water | Gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Propane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Co-Gen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Year Built | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| Development Name & Address | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
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| | 2-Bedrooms | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| | 3-Bedrooms | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| | 4-Bedrooms | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| If applicable, | | CHECK BOX | CHECK BOX | CHECK BOX | CHECK BOX | CHECK BOX |
| No of Floors | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 – 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 4 – 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7 + | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilities | Main Office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Reception | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Community Rm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage | Garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Storage Shed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Container | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Off-Site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof Systems | Shingles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | EPDM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Metal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | BUR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Systems | Elevator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chair Lift | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Generator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Access Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Safety Systems | Fire Alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Monitored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Fire Pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sprinklers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heat | Gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Propane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Co-Gen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Electric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot Water | Gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Propane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Co-Gen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Electric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INSTRUCTIONS: Sheet is for 5 Developments (4 Sheets are provided).

| <u>Click,enter text.</u> | | HA | Development Details | | | |
|---------------------------------------|----------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| Development No. (e.g. 667-1) | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| Year Built | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| Development Name & Address | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| YEAR of Major Renovation | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| Total # of Apartments | | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| Number of Apartments with | 1-Bedroom | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| | 2-Bedrooms | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| | 3-Bedrooms | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| | 4-Bedrooms | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> | <u>Click,enter text.</u> |
| If applicable, | | CHECK BOX | CHECK BOX | CHECK BOX | CHECK BOX | CHECK BOX |
| No of Floors | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 – 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 4 – 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | Reception | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Community Rm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage | Garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Storage Shed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Container | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Off-Site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof Systems | Shingles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | EPDM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Metal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | BUR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Systems | Elevator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chair Lift | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Generator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Access Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | Monitored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Fire Pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sprinklers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heat | Gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Propane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Co-Gen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Electric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot Water | Gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Propane | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Co-Gen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Electric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INSTRUCTIONS: List Major Renovations and Unusual Development Features

| Major Renovations | |
|-------------------|---------|
| Year | Details |
| | |
| | |
| | |
| | |

| Unusual Development Features | |
|------------------------------|---------|
| Development #, Address | Details |
| | |
| | |
| | |
| | |

3.1 HEATING SYSTEMS

| 3.1.1 Electric Heat | | | | | | |
|----------------------------|------------------------------|-----------------------------|-------------------------------|-----------------------------|------------------------------|-----------------------------|
| Heating System | Baseboard | | Wall Heater | | Heat Pumps | |
| 1 Unit per 1 Apartment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1 Unit per Building | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Serviced by: | Phone #: | | On-Call Contract | | | |
| | | | Yes: <input type="checkbox"/> | | No: <input type="checkbox"/> | |
| | | | Yes: <input type="checkbox"/> | | No: <input type="checkbox"/> | |

| 3.1.2 Oil / Gas Heat | | |
|-----------------------------|------------------------------|--|
| Heating System - Fuel | Oil-Fired | Gas-Fired |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 Unit per 1 Apartment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1 Unit per Building | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Serviced by: | Phone #: | On-Call Contract |
| | | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| | | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

| 3.1.3 Cogeneration and Geothermal Heat (and DHW) | | |
|---|------------------------------|--|
| Primary Fuel for System | Oil-Fired | Gas-Fired |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 Unit per 1 Apartment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1 Unit per Building | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Serviced by: | Phone #: | On-Call Contract |
| | | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| | | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

| 3.5 FIRE PROTECTION (SPRINKLER AND FIRE ALARM SYSTEMS) | | | | |
|---|---|-----------------------------|---|---|
| Fire Alarm System | Non-Addressable | Addressable | Phone | Cell |
| If YES, Check Box | | | | <input type="checkbox"/> |
| System Name | Click here to enter text. | | Install Date | Click here to enter text. |
| FD Radio Connection | Click here to enter text. | | Last Test | Click here to enter text. |
| Under Warranty? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> | |
| Service Company | Click here to enter text. | | | |
| Sprinkler System | Wet | Dry | Fire Pump | Install Date |
| If YES, Check Box | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. |
| Date of Last Test | Click here to enter text. | | Click here to enter text. | |
| Under Warranty? | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| Service Company | Click here to enter text. | | | |
| Annual Inspections by: Include Phone Number (Attach copy of the Report): | | | Click here to enter text. | |

| 3.6 EMERGENCY / STANDBY POWER SYSTEMS | | | | |
|--|---|--------------------------|---|---|
| Generator | Diesel | Gas | Size | Install Date |
| If YES, Check Box | <input type="checkbox"/> | <input type="checkbox"/> | Click here to enter text. | Click here to enter text. |
| Engine | Click here to enter text. | | | |
| Generator located | Inside Building | Outside Building | Containment Area (Diesel) | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Serviced by: Include Phone Number | Click here to enter text. | | | |

| 3.7 ELEVATORS / CHAIR LIFTS | | | | | |
|---|---|---|---|---|---|
| 3.7.1 ELEVATORS | | Elevator 1 | Elevator 2 | Elevator 3 | Elevator 4 |
| If YES, Check Box | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Type | Hydraulic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Traction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brand Name | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Year Installed | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Serviced / Maintained by: Include Phone Number | | Click here to enter text. | | | |

| 3.7.2 CHAIR LIFTS | | | | | |
|---|---|---|---|---|---|
| 3.7.2 CHAIR LIFTS | | Chair Lift 1 | Chair Lift 2 | Chair Lift 3 | Chair Lift 4 |
| If YES, Check Box | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Type | Hydraulic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Traction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brand Name | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Year Installed | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Serviced / Maintained by: Include Phone Number | | Click here to enter text. | | | |

| 3.8 GFCI, ARC FAULT PROTECTION, ELECTRIC PANELS | | | | | |
|--|-----------------------------|---|------------------------------|--------------------------------|------------------------------|
| 3.8.1 GFCI | | Kitchen | Bathroom | Exterior | Other |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | Tamper-Resistant <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| 3.8.2 Arc Fault Protection | | Kitchen | Bathroom | Bedrooms | Living |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | | Tamper-Resistant <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| 3.8.3 Electric Panels | | Federal Pacific | | In Closet | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Amps | <input type="checkbox"/> 60 | <input type="checkbox"/> 100 | | <input type="checkbox"/> Other | |

| 3.9 EXTERIOR AND COMMON LIGHTING | | | | |
|--|----------------------------|----------------------------|--------------------------|--------------------------|
| Lighting | Exterior Wall Mount | Exterior Pole Mount | Entry Ways | Hallways |
| LED Arrays | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LED (Medium Base) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Incandescent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Halogen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HPS / LPS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Click here to enter text.</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |