

LEASE UNIT INFORMATION WORKSHEET

Lease Number: _____

The following information is a summary of the negotiation to lease the described dwelling to the U. S. Coast Guard. **This is not a formal contract.** This negotiation summary and the required attachments must be submitted to the Area Housing Contracting Officer at least **10 working days prior** to the proposed start date. **Please print clearly.**

PART ONE: GENERAL INFORMATION

1. This lease will initially be used for:

Family Leased Housing (FLH)

Unaccompanied Personnel Leased Housing (UPLH)

2. Is the owner or part-owner a federal government employee? (*select one*) Yes No

(If yes, an urgent and compelling need must be documented by Leased Housing Officer or Housing Representative to lease this property. Comply with CG Housing Manual, Article 4.D.7.)

3. Date lease will start: _____ Date lease will expire: 30 September 20 _____

4. Property address: _____ Apartment #: _____

City: _____ State: _____ Zip code: _____ County: _____

Name of complex: _____ Congressional District: _____

5. Approximate square footage of living area: _____

Total number of rooms (do not count bathrooms): _____

Total bedrooms: 1 2 3 4 5

Total bathrooms: 1 1.5 2 2.5 3 3.5

6. Type of dwelling (*select one*):

Apartment

Detached two-story house

Single-story townhouse/row house

Two-story duplex

Detached one-story house

Three-story townhouse

Single-story duplex

Detached three-story house

PART TWO: MONTHLY COST ITEMIZATION

1. Heating source: Electric Oil Coal Propane Natural gas Other: _____

2. Base rent per month: \$ _____ Utilities: \$ \$0.00 Total: \$ 0

Itemized Utilities: Electricity: \$ 0 Included in base rent? Yes No

Heating Fuel: \$ _____ Included in base rent? Yes No

Trash Removal: \$ _____ Included in base rent? Yes No

Water/Sewage: \$ _____ Included in base rent? Yes No

3. Telephone and cable television service costs are the residents' responsibility.

4. The Lessor is responsible for monitoring the utility consumption (CG does not receive the bills) and notifying the Local Housing Officer (LHO) if costs exceed the amount reimbursed by the Coast Guard. LHO is responsible for counseling those residents whose utility consumption appears excessive.

PART THREE: LESSOR INFORMATION

1. Person(s) signing the lease (Lessor):

Owner Co-Owner Rental Agent Friend Relative

Name(s): _____ E-Mail: _____

_____ E-Mail: _____

Telephone number(s): (_____) _____ (day)

(_____) _____ (evening)

Correspondence address:

Complex Name/ Property Mgmt Company: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip code: _____

PART THREE: LESSOR INFORMATION (continued)

2. Please provide the owner's full name(s) below if the person signing the lease is not the owner/ co-owner.

Owner's name(s): _____

Owner's name(s): _____

3. **Designated agent authority:** If anyone other than the owner/co-owner will be signing the contract, **one of the following must be attached:** Power of Attorney, A copy of rental/management agreement between Lessor and Agent, Letter of Signature Authority designating who is authorized to sign contracts on behalf of company, usually used for apartment complexes. Managers may not give themselves signature authorization to sign; the owner or management company must do so. The letter should specifically describe the degree to which the agent is authorized to act (e.g. will the agent be responsible for signing the lease, and/or receiving payment and/or maintenance of the quarters).

4. Proof of ownership: A copy of the **proof of ownership**; i.e., property deed, tax assessment, deed of trust, or warranty deed must be attached.

5. Person to contact in case of emergency:

Name: _____

Telephone number(s): (____) _____

6. Person to contact for repairs:

Name: _____

Telephone number(s): (____) _____

7. Person responsible for filing taxes: The Coast Guard Finance Center will issue an IRS Form 1099 to this person each January.

Tax ID: _____
(if co-ownership, only one tax number can be used)

Name: _____
(only if different from person signing lease or owner)

8. Lease payment and DUNS number: Direct deposit is the only method of payment for all leases. The Coast Guard requires that all Lessors register in Central Contracting Registration (CCR) using their Data Universal Numbering System (DUNS) Number. For more information about obtaining a DUNS number and registering in CCR, a lessor may access <http://www.ccr.gov/> or call (888) 227-2423.

Lessor's DUNS number: _____

PART FOUR: LESSOR AUTHORITY FOR SPECIAL CONDITIONS

1. Does Lessor allow pets?

- a. Dogs Yes No How many? _____ Fixed required? Yes No
- b. Cats Yes No How many? _____ Fixed/de-clawed required? Yes No
- c. Other Pet _____ How many? _____

2. Who is responsible for grounds care? Lessor Occupant

Responsibility for lawn care will be negotiated. Typically, the Lessor performs lawn care for apartments and condominiums. Lessors must state in writing exactly what they expect the resident to do and understand the Coast Guard will not fertilize, prune trees, replace the lawn due to drought conditions, etc. The resident will be responsible only for routine upkeep, e.g. cutting grass, weeding, edging, and trimming hedges.

3. Are water beds allowed? Yes No Is insurance required? Yes No

(If allowed, LHO approval is also required prior to installing a waterbed.)

4. Is in-home child care allowed? Yes No

(If the lessor permits child care and the prospective occupant desires to conduct in-home child care, the Local Housing Officer shall provide guidance to the tenant. Refer to CI 1754.15, Child Development Services Manual, Chapter 5: Family Child Care Services. Contact the LHO if there are questions regarding in home child care requirements.)

5. Is smoking allowed? Yes No Inside and outside Outside only

6. Is this unit handicap accessible? Yes No If yes, what special amenities does this unit have?

7. Other special conditions: _____

PART FIVE: AMENITIES

1. When was dwelling built? _____

2. Fill an (X) for applicable items and complete the age block. The amenity's age will be used to determine a settlement in case of damage. **At a minimum, a refrigerator, stove, and hard-wired battery backup smoke detector are required equipment.**

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Washer provided: age _____ | <input type="checkbox"/> | Blinds |
| <input type="checkbox"/> | Dryer provided: age _____ | <input type="checkbox"/> | Ceiling fans |
| <input type="checkbox"/> | Screened Porch <input type="checkbox"/> Unscreened | <input type="checkbox"/> | Fireplace <input type="checkbox"/> Woodstove |
| <input type="checkbox"/> | Attached Garage | <input type="checkbox"/> | Garbage Disposal: age: _____ |
| <input type="checkbox"/> | Detached Garage | <input type="checkbox"/> | Dishwasher: age _____ |
| <input type="checkbox"/> | Detached Shed or Storage | <input type="checkbox"/> | Stove/Range: age _____ |
| <input type="checkbox"/> | Refrigerator: age _____ | <input type="checkbox"/> | Freezer: age _____ |
| <input type="checkbox"/> | Washer/Dryer Hook-ups only | <input type="checkbox"/> | Carport <input type="checkbox"/> Driveway only |
| <input type="checkbox"/> | Street Parking only | <input type="checkbox"/> | Deck |
| <input type="checkbox"/> | Microwave: age: _____ | <input type="checkbox"/> | Trash Compactor: age _____ |
| <input type="checkbox"/> | Hard-wired smoke detector with battery backup | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | Carbon Monoxide detector with battery backup | <input type="checkbox"/> | Other: _____ |

3. Estimated date of last interior repainting: _____ . The Lessor is responsible for interior repainting at least once every 3 years after Coast Guard occupancy under the lease contract.

4. Estimated date of last carpet cleaning: _____ . The Lessor is responsible for necessary re-carpeting due to normal wear and tear.

PART FIVE: AMENITIES (continued)

5. Type and Age of all flooring:

Living room: _____ (____) years	Bathroom: _____ (____) years
Kitchen: _____ (____) years	Bathroom: _____ (____) years
Living room: _____ (____) years	Bathroom: _____ (____) years
Hallways: _____ (____) years	Master bedroom: _____ (____) years
Dining room: _____ (____) years	Bedroom Two: _____ (____) years
Family room: _____ (____) years	Bedroom Three: _____ (____) years
Den or library: _____ (____) years	Bedroom Four: _____ (____) years
Basement: _____ (____) years	Bedroom Five: _____ (____) years
_____ : _____ (____) years	_____ : _____ (____) years
_____ : _____ (____) years	_____ : _____ (____) years
_____ : _____ (____) years	_____ : _____ (____) years

- 6. The Lessor must provide an environmental disclosure statement for any property constructed prior to 1981.
- 7. All discrepancies will be noted on the Pre-Lease Inspection, conducted prior to the execution of the lease.

PART SIX: FIRE SAFETY DEVICES/ CO DETECTORS

Mark those that apply.

- 1. Hard-wired smoke detectors are installed. Hard-wired smoke detectors with battery back-up must be installed on each living floor in all properties leased by the Coast Guard. Hard wired smoke detectors for this unit were tested satisfactory on _____ by _____
- 2. Additional fire safety device(s) is(are) installed. Multifamily housing is required to have an additional fire safety device, for example, an automatic sprinkler system. (Multifamily housing is when 3 or more units share a common roof.) If the unit does not meet this fire safety requirement, the Local Housing Officer must attach a request for waiver. Please indicate what additional form(s) of fire protection is(are) available:

- 3. Carbon monoxide detectors are installed. It is required that any units using fossil fuels have a carbon monoxide detector on every floor. Carbon monoxide detectors for this unit were tested satisfactory on _____ by _____

PART SEVEN: LESSOR AND HOUSING OFFICER CERTIFICATION

Area Housing Contracting Officer will not approve this lease if this section is not signed by the lessor, the Coast Guard Local Housing Representative (LHR), and the Coast Guard Local Housing Officer (LHO).

- 1. **Lessor certification:** I certify that the information contained in this Lease Negotiation Summary represents an accurate description of the property being considered by the Coast Guard for lease, and I agree to all the leasing terms and conditions.

Property owner signature: _____ Date: _____

Co-owner signature: _____ Date: _____

Agent signature: _____ Date: _____

- 2. **Local Housing Representative certification:** I certify that all necessary documents are attached, and the lessor has completed all requirements. Those that apply are marked below:

- FLH: Housing Application (CG-5267)
- FLH: BAQ/Dependency Form (CG-4170)
- UPLH: Housing Application (CG-5267) for each member
- Pre-Lease Inspection
- Designated agent authority
- Proof of ownership
- Lessor has completed CCR Requirements
- Environmental disclosure statement
- Request for waiver for additional fire safety device for multi-family housing

LHR Signature: _____ Date: _____

- 3. **Local Housing Officer certification:** I certify that no government quarters are available, and that this property has been inspected and meets current Coast Guard adequacy standards and leasing terms as set forth in the Coast Guard Housing Manual, COMDTINST M11101.13(series). I have reviewed this lease package, and I am submitting it for approval.

LHO Signature: _____ Date: _____

Additional comments: _____

