

Entity Name:	Effective Date:

HOUSING AUTHORITY					
1.	Operated by:	☐ Entity [Subcontracted		
2.	Total number of units?				
3.	Number of stories of each	building:			
4.	Type of security and fire p	rotection:			
5.	Does each unit have smok	e detectors?	□Yes	□No	
	Battery	Hardwired			