

GOVERNMENT HOUSING INVENTORY

Add Record

Delete Record

Change Record

HOUSING UNIT

- * **H1** Agency _____
- * **H2** Installation _____
- * **H3** DOI: FBMS Business Entity _____
- * **H4** DOI: FBMS Building _____
- * **H5** Survey Region _____
- * **H6** Rent Class _____
- H7** Rent Class Description (req for Dorm) _____

- * **H8** Housing Unit No. _____
- H9** Housing Unit Name (e.g.address, description) _____
- * **H10** No. of Planned (Unrelated) Tenants _____ (Roommates splitting rent; not BEDS)
- * **H11** Housing Use Permanent Seasonal Volunteer
- * **H12** Historic Status _____ (Not Determined, Not Eligible, Eligible, On Register, Not On Register)
- H13** If "On Register," Classified Structure Number _____
- H14** Last Inspection Date ____/____/____ (mm/dd/ yyyy)
- H15** Property Location ID _____
- H16** Property Asset ID _____
- H17** Leased from Other Entity? Yes No
- H18** If Yes, Name/Phone of Entity Leased From _____
- H19** Tribally Managed? Yes No
- H20** If Yes, Name/Phone of Tribe _____
- * **H21** Justification Approved? Yes No N/A (not required)
- * **H22** Rent Deposit Account _____
- H23** Terms and Conditions (of lease) _____

LOCATION

- * **L1** Nearest Established Community (NEC) and State _____
- L2** Housing Unit Address _____
City _____ State _____ Zip Code _____
- L3** Latitude _____._____._____._____ (decimal format)
- L4** Longitude _____._____._____._____ (decimal format)
- L5** Isolation: One-way Miles between housing unit and nearest established community
(miles by typical travel mode(s), rounded to nearest mile)
Paved Road _____ Unpaved/Improved Road _____ Unimproved Road _____
Water/Special _____ Air _____ = Total Miles Traveled One-Way _____

*** Required Information**

See 'Inventory Instructions' for additional guidance

BUILDING

* **B1** Date Built ____/____/____ (mm/dd/ yyyy)

* **B2** Interior Condition

- Excellent Poor
- Good Obsolete
- Fair Not Applicable (if PAD)

* **B3** Exterior Condition

- Excellent Poor
- Good Obsolete
- Fair Not Applicable (if PAD)

* **B4** Finished Floor Space (square feet)

Finished Basement ____ , ____ ____

First Floor ____ , ____ ____

Other Floor(s) ____ , ____ ____

B5 Unfinished Basement ____ , ____ ____

B6 Unused Finished Space (square feet)

(Locked Bedrooms or Bathrooms ONLY)

Finished Basement ____ , ____ ____

First Floor ____ , ____ ____

Other Floor(s) ____ , ____ ____

B7 Reason for Unused Finished Space

B8 Official Business Use Space (square feet)

Finished Basement ____ , ____ ____

First Floor ____ , ____ ____

Other Floor(s) ____ , ____ ____

B9 Reason for Official Business Use Space

* **B10** Rooms _____

B11 Rooms Used _____

* **B12** Bedrooms _____

B13 Bedrooms Used _____

* **B14** Baths ____ . ____

B15 Baths Used ____ . ____

B16 Number of Beds _____ (Dormitory only)

B17 Garage/Carport

- None 1 Car Garage & Carport
- Carport Only 2+ Car Garage
- 1 Car Garage 2+ Car Garage & Carport

B18 Comment on Garage/Carport (i.e., assigned number)

B19 Related Assets (FRPP Asset ID, shed, garage, etc.)

B20 No. Carbon Monoxide Detectors _____

B21 No. Smoke Detectors _____

* **B22** Handicap Accessible

- Yes No

Describe _____

* **B23** Fire Sprinklers

- Yes No

* **B24** Lead-Based Paint (LBP)

- Exempt – Built in 1978 or after/0 bedroom
- Inspected – No LBP per State Certified Inspector, or LBP was mitigated
- Inspected – LBP is Present**
- Not Inspected – No Knowledge of LBP**

** *B23 & B24 Required for EPA Disclosure Form*

** **B25** LBP Disclosure

** **B26** LBP Records & Location

* **Required Information**

See 'Inventory Instructions' for additional guidance

ADJUSTMENTS

See 'Inventory Instructions' for definitions and additional requirements.

- A1** Adequate Water Service Yes No
* **A2** If A1 is No, explain _____
- A3** Adequate Electric Service Yes No
* **A4** If A3 is No, explain _____
- A5** Adequate Fuel for Heating/Cooking Yes No
* **A6** If A5 is No, explain _____
- A7** Adequate Police Protection Yes No
* **A8** If A7 is No, explain _____
- A9** Adequate Fire Protection Yes No
* **A10** If A9 is No, explain _____
- A11** Adequate Sanitation Yes No
* **A12** If A11 is No, explain _____
- A13** No Significant Noise or Odors Yes No
* **A14** If A13 is No, explain _____
- A15** Sidewalks Yes No
- A16** Street Lights Yes No
- A17** Paved Streets Yes No
- A18** Phone Service is Available Yes No [Tenant responsible for equipment & monthly fees]
* **A19** If A18 is No, explain _____
- A20** Loss of Privacy Exists Yes No [Tenant Privacy Log Required Annually in January]
* **A21** If A20 is Yes, explain _____
- _____
- A22** Unit is Excessively Sized Yes No [If Yes, cannot *also* lock off bedroom/bathroom]
* **A23** If A22 is Yes, explain _____
- A24** Unit is Inadequately Sized Yes No [If Yes, cannot *also* lock off bedroom/bathroom]
* **A25** If A24 is Yes, explain _____
- A26** Additional Charges Should be Applied for Other Items Provided by the Govt
 Yes No If Yes, +\$_____ per month
* **A27** If A26 is Yes, explain _____
- A28** Additional Deductions Should be Applied for Other Items
 Yes No If Yes, -\$_____ per month
* **A29** If A28 is Yes, explain _____

*** Required Information**

See 'Inventory Instructions' for additional guidance

UTILITIES (CONNECTED TO THIS UNIT)

PAY OPTIONS (Check One Box for each Utility)	Utility Does Not Exist	Billed in Rent - iQMIS Estimate	Billed in Rent - Avg Mo Usage (Avg. Mo. Usage)	Average Mo. Usage (gals, kWh, Mcf)	Billed in Rent - Avg Mo. Cost	Average Mo. Cost (\$)	Tenant Pays by Bill for Collection	Tenant Pays Provider Directly
* U1 Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
U2 Fuel Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
U3 Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
* U4 Propane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
U5 Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
U6 Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
U7 Trash Disp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

U8 Last Update (Required for "Avg Mo Usage" or "Avg Mo Cost") _____

U9 Comment on Utilities (Explain unique arrangements; Required if electricity, water or sewer "Does Not Exist")

U10 Excessive Heating/Cooling Deduction

Poor Construction or Design is Causing Excessive Heating/Cooling Charges in This Unit

Yes No (then ineligible)

If U9 is Yes, describe _____

**Payment by "Billed in Rent - iQMIS Estimate" is not eligible for Excessive Heating/Cooling deduction.
 To qualify for Excessive Heating/Cooling, previous 12 months of utility bills must be available.
 If eligible, Tenant must reapply every January and previous 12 months of utility bills are reassessed.**

PROPERTY/SERVICES (PROVIDED BY GOVERNMENT)				
PROPERTY/SERVICE PROVIDED BY GOVT	CIRCLE FUEL USED			IF YES, ENTER NUMBER
P1 Base Radio (electric credit)	Electric			#
P2 Cable TV Basic	Electric			<input type="checkbox"/>
Cable TV Premium	Electric			<input type="checkbox"/>
Satellite TV Basic	Electric			<input type="checkbox"/>
Satellite TV Premium	Electric			<input type="checkbox"/>
P3 Central Cooling (Ductless Mini-Splits)	Elec	Nat Gas	Propane	#
P4 Central Cooling (Evaporative)	Elec	Nat Gas	Propane	<input type="checkbox"/>
P5 Central Cooling (Refrigerated)	Elec	Nat Gas	Propane	<input type="checkbox"/>
P6 Central Heating (Electric Resistance)	Electric			<input type="checkbox"/>
Central Heating (Forced Air)	Elec	Fuel Oil	Nat Gas	<input type="checkbox"/>
	Propane			
Central Heating (Heat Pump)	Electric			<input type="checkbox"/>
Central Heating (Hot Water/Hydronic)	Elec	Fuel Oil	Nat Gas	<input type="checkbox"/>
	Propane	Coal		
Central Heating (Panel)	Electric			<input type="checkbox"/>
P7 Community Dryer (not coin-op; outside unit)				<input type="checkbox"/>
P8 Community Freezer				<input type="checkbox"/>
P9 Community Pool				<input type="checkbox"/>
P10 Community Washer (not coin-op; outside unit)				<input type="checkbox"/>
P11 Dishwasher	Electric			#
P12 Dryer (in unit)	Elec	Nat Gas	Propane	#
P13 Engine Heater	Electric			#
P14 Fireplace	Nat Gas	Propane	Wood	#
P15 Fireplace Insert (fireplace also required)				#
P16 Firewood (no. of cords per year)				#
P17 Free-Standing Stove	Elec	Fuel Oil	Nat Gas	#
	Propane	Wood Pellets		
P18 Freezer	Elec	Nat Gas	Propane	#
P19 Furnished Rooms (no. of furnished rooms)				#
P20 Hot Tub	Electric			<input type="checkbox"/>
P21 Internet Service	Electric			<input type="checkbox"/>
P22 Lawn Care Service (est. times per year)				#
P23 Lawn Mower				#
P24 Maid Service				<input type="checkbox"/>
P25 Microwave	Electric			#
P26 Private Pool				<input type="checkbox"/>
P27 Radon Mitigation Fan (electric credit)	Electric			#
P28 Range (credit if not provided)	Elec	Fuel Oil	Nat Gas	#
	Propane			
P29 Refrigerator (credit if not provided)	Elec	Nat Gas	Propane	#
P30 Remote Control Relay (electric credit)	Electric			#
P31 Sewer Lift (electric credit)	Electric			<input type="checkbox"/>
P32 Snow Removal Service (est. times per year)				#
P33 Solar Panels	Electric			<input type="checkbox"/>
P34 Space Heater	Elec	Fuel Oil	Nat Gas	#
	Propane			
P35 Storage Shed				#
P36 Sump Pump (electric credit)	Electric			<input type="checkbox"/>
P37 Trash Compactor	Electric			#
P38 Washer (in unit)	Electric			#
P39 Water Heater	Elec	Fuel Oil	Nat Gas	#
	Propane			
P40 Well Pump (electric credit)	Electric			<input type="checkbox"/>
P41 Window A/C Evaporative	Electric			#
P42 Window A/C Refrigerated	Electric			#

* Should be provided in the majority of government units

TENANTS

- * **H2** Installation_____
- * **H5** Housing Unit No. _____
- * **T1** First Name _____
- * **T2** Last Name _____
- * **T3** Arrival Date _____/_____/_____ (mm/dd/yyyy)
- * **T4** Est. Departure Date _____/_____/_____ (mm/dd/yyyy)
- T5** Employee ID or SSN_____ (as required for Payroll Deduction Form)
- T6** Tenant Comment (special requirements, etc.)

- T7** iQMIS User has a Conflict of Interest Yes No
- T8** If T7 is Yes, Tenant relationship to iQMIS User_____
- * **T9** Pays Transient Rate (if < 90 days) Yes No [NOT FOR USFS; < 30 Days for NPS]
- * **T10** Termination Notice _____ [Default is 30 days]
- T11** Tenant Phone Number_____ (Home/Cell Emergency/Off-Duty Contact)
- T12** Tenant E-Mail_____
- T13** Mailing Address_____
City_____ State_____ Zip Code_____
- * **T14** Occupation
 - Fed Permanent Non-Fed Cooperator/Concessionaire
 - Fed Seasonal Non-Fed General Public (incl. former employees)
 - Fed Term Non-Fed Intern
 - Fed Commission Corps [IHS Only] Non-Fed Researcher
 - Fed Other Duty Station Non-Fed Student
 - Fed Other Fed Govt Non-Fed Tribal
 - Non-Fed City/County/State Govt Non-Fed Volunteer
 - Non-Fed Contractor
- T15** Occupation Comment (job title, purpose, program, employer if private, reason if public, etc.)

- T16** Tenant Pays Federal Rate Yes No
- T17** If T16 is Yes, explain eligibility_____
- O-** If H6. RENT CLASS = "Trailer Pad/Space" Tenant-owned RV Tenant-owned Manufactured Home
- T18** Department/Employing Office_____
- T19** Pay Grade_____
- * **T20** Required Occupant/Tax Exempt Yes No
- * **T21** Payment Frequency (select rate to be paid)
 - Daily Biweekly Monthly
- * **T22** Rent Payment Method
 - Benefitting Account Memorandum of Understanding
 - Bill for Collection Payroll Deduction
 - Charge Card/Credit Card Personal Check/Money Order
 - Contract with Another Organization Preauthorized Debit
 - Interagency Agreement

RENT PAYMENT INFORMATION (not required for PAYROLL DEDUCTION)

T23 Payment Organization _____
T24 Payment Contact Name _____
T25 Contact Address _____
T26 Contact E-Mail _____
T27 Contact Phone _____
T28 Payment Account / Benefiting Account _____
T29 Payment Reference (Contract no., MOU no., Vendor ID, Reference no.) _____

T30 Tenant-owned Pets

- 0 Pets or Service Animal 2 or More Pets
 1 Pet

T31 If Pet(s), describe _____

TENANT-OWNED APPLIANCES

* Complete T32-T47 ONLY if electric/propane/fuel/natural gas are "**Billed in Rent - iQMIS Estimate**" (U1/U3/U4) or for eligibility for "Excessive Heating/Cooling" (U9)

If "Trailer Pad/Space," enter the type of tenant-owned housing unit below:

- Tenant-Owned RV (complete T32-T43) Tenant-Owned Manufactured Home (complete T32-T47)

TENANT-OWNED APPLIANCES	NUMBER	CIRCLE FUEL USED
T32 Dishwasher	#	Electricity
T33 Dryer	#	Elec Fuel Oil Nat Gas Propane
T34 Engine Heater	#	Electricity
T35 Freezer	#	Elec Fuel Oil Nat Gas Propane
T36 Hot Tub	#	Electricity
T37 Microwave	#	Electricity
T38 Range	#	Elec Fuel Oil Nat Gas Propane
T39 Refrigerator	#	Elec Nat Gas Propane
T40 Space Heater	#	Elec Fuel Oil Nat Gas Propane
T41 Washer	#	Electricity
T42 Window A/C Evap	#	Electricity
T43 Window A/C Refrig	#	Electricity

IF TRAILER PAD WITH TENANT-OWNED MANUFACTURED HOME:

TENANT-OWNED APPLIANCES	CHECK IF YES	CIRCLE FUEL USED
T44 Central Cooling (Refrigerated)	<input type="checkbox"/>	Elec Fuel Oil Nat Gas Propane
T45 Central Cooling (Evaporative)	<input type="checkbox"/>	Elec Fuel Oil Nat Gas Propane
T46 Central Heating (Electric Resistance)	<input type="checkbox"/>	Electricity
Central Heating (Forced Air)	<input type="checkbox"/>	Elec Fuel Oil Nat Gas Propane
Central Heating (Heat Pump)	<input type="checkbox"/>	Electricity
Central Heating (Hot Water)	<input type="checkbox"/>	Elec Fuel Oil Nat Gas Propane
Central Heating (Panel)	<input type="checkbox"/>	Electricity
T47 Water Heater	<input type="checkbox"/>	Elec Fuel Oil Nat Gas Propane

PRIVACY NOTICE

The **Internet Quarters Management Information System (iQMIS)** is a federal housing management and rent-setting application, operated by the Department of Interior, Interior Business Center, as a shared federal service (<https://ibc.doi.gov/FMD/Quarters>.) OMB policy requires agencies to provide a Privacy Notice, whenever feasible, where a Privacy Act Statement is not required but where personally identifiable information (PII) is collected from individuals and is not maintained in a Privacy Act "System of Records."

Authority: 5 U.S.C. 5911 and OMB Circular A-45, Rental and Construction of Government Housing, (<https://www.whitehouse.gov/wp-content/uploads/2019/11/Circular-A-45R.pdf>) authorize the collection of employee/tenant information for leasing, billing and collection of rent for federal housing. For employees living in housing, rent is collected via payroll deductions. Leasing of federal housing is voluntary for most employees/tenants.

Purpose: Employee/tenant information will be used for collection of rent from occupants of federal housing, as authorized and necessary by the agency's business process. An employee's/tenant's personally identifiable information (PII) may include social security number, personal mailing address, personal phone number, and/or personal email address. Professional phone number, email address, and mailing address may also be collected, but are not considered to be PII.

Routine Uses: The employee/tenant information is subject to the following routine uses:

- 1) Establishment of employee/tenant lease agreement ("Government Housing Assignment Agreement")
- 2) Collection of payroll deductions for employee's rent
- 3) Billing and collection of rent payments from non-employees, both locally and in the agency accounting system
- 4) Contacting employees/tenants regarding housing issues, such as upcoming rent changes, housing inspections, repairs/renovations, and meetings

Authorized housing management staff, accounting staff, and payroll personnel may obtain and use employee/tenant information in performing the routine uses described above. Such federal personnel must follow the Privacy Act of 1974 (5 U.S.C. 552a), the Fair Information Practice Principles (FIPPs), agency Privacy Act regulations and policies, and obtain Privacy Act training annually.

Disclosure: The employee/tenant social security number (SSN) may be collected under the authority of Public Law 104-134 and may be disclosed for the routine uses described above. Tenant disclosure of their social security number and other personal information to housing staff is voluntary. However, failure to provide this information may result in a denial of a lease of federal housing, since housing is not a legal right, benefit or privilege of employment. If living in government housing is a required condition of employment, failure to provide this information may also have employment impacts. Upon refusal, housing management staff may alternatively collect PII from other sources, such as the hiring manager or payroll staff. The social security number is masked from view and encrypted after the data is entered in iQMIS by the local housing manager. All iQMIS data is encrypted while in transit and at rest.

For More Information: The iQMIS "Privacy Impact Analysis" (PIA) is available at https://www.doi.gov/sites/doi.gov/files/uploads/iqmis_pia_final_06.13.2018.pdf. Direct any comments regarding the Privacy Act or any other aspect of this Notice to the Department Privacy Act Officer or to

COMPLETED BY

Name _____ Date _____

See 'Inventory Instructions' for additional guidance

Form DI 1875, page 8