

Iowa Department of Human Services

Rental Estimate

County _____

DHS office location _____

Check the type of space used or occupied by the county Department of Human Services:

- | | |
|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Court house | <input type="checkbox"/> Privately owned building |
| <input type="checkbox"/> County-owned building | <input type="checkbox"/> Parking lot |

Indicate the utilities and services included in the rental:

- | | |
|----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Heat | <input type="checkbox"/> Janitor service |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Water | <input type="checkbox"/> Elevator service |
| <input type="checkbox"/> Other (please list) _____ | |

Area of space occupied _____

Number of rooms _____

Specify location in buildings:

- | | | |
|-----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Basement | <input type="checkbox"/> Ground floor | <input type="checkbox"/> Upper floor |
|-----------------------------------|---------------------------------------|--------------------------------------|

Is this a total building lease? Yes No

What percentage do you occupy? _____ %

Space comparable to that used or occupied by above county Department of Human Services, including the utilities and services indicated above, would rent for \$_____ (dollars per month) in this locality.

Signed	
Title	Date

Note to Certifier: Please certify a fair current rental value for above specified Human Services Office.

By	Date received by state
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