



# RENT REASONABLENESS COMPARISON CERTIFICATION FORM

## RENT INCREASES

### TENANT INFORMATION

\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_  
 Voucher # / Reference #: \_\_\_\_\_

### (STEP 1) PROPERTY LOCATION

\* Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
 \* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_ \* County: \_\_\_\_\_

### (STEP 2) PROPERTY INFORMATION

* Rent Amount: \$ _____	* Bed(s): _____ * Bath(s): _____	Square Footage: _____ Year Built: _____	Quality and Condition: <input type="radio"/> Unknown <input type="radio"/> Poor <input type="radio"/> Fair <input type="radio"/> Average <input type="radio"/> Above Average <input type="radio"/> Excellent
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\* Property Type:  
 House  TH/Villa  Apt  Condo  Mobile Home  Row House  Duplex  Triplex  4plex  High-Rise  Low-Rise  
 Condo (APT)  Condo (TH/Villa) Applicable Utility Schedule: \_\_\_\_\_

### (STEP 3) AMENITIES AND UTILITIES \* Must Complete for Adjustment Accuracy

<b>Heating Fuel:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Propane	<b>Heating Fuel Paid by:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>Cooking fuel Type:</b> <input type="checkbox"/> Propane <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil	<b>Cooking Paid by:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>Hot Water fuel Type:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil	<b>Hot Water Paid by:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>Utilities: Electric paid by:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner
<b>Water Type:</b> <input type="checkbox"/> Well Water <input type="checkbox"/> City Water	<b>Water Paid by:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>Sewer Type:</b> <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public Sewer	<b>Sewer Paid by:</b> <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	<b>Cooling Type:</b> <input type="checkbox"/> Window/Wall <input type="checkbox"/> Swamp Cooler <input type="checkbox"/> Central <input type="checkbox"/> None		
<b>Heat Type:</b> <input type="checkbox"/> Baseboard <input type="checkbox"/> Space <input type="checkbox"/> Central <input type="checkbox"/> Window/Wall <input type="checkbox"/> Radiator <input type="checkbox"/> None <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler		<b>Indoor:</b> <input type="checkbox"/> Ceiling Fan(s) <input type="checkbox"/> Cable Included	<b>Laundry Type:</b> <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Dryer <input type="checkbox"/> Washer/Dryer		<b>Kitchen:</b> <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave <input type="checkbox"/> Garbage Disposal	
<b>Outdoor:</b> <input type="checkbox"/> Swimming pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Balcony	<b>Parking:</b> <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> 1 Covered Space <input type="checkbox"/> Street <input type="checkbox"/> Open <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> 2 Covered Spaces <input type="checkbox"/> Assigned <input type="checkbox"/> Unknown <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> Unassigned <input type="checkbox"/> Driveway <input type="checkbox"/> None			<b>Maintenance:</b> <input type="checkbox"/> Pest Control Included <input type="checkbox"/> Lawn Included <input type="checkbox"/> Trash Included		

By signing below, I certify that all information given is accurate and complete.

\* Landlord Signature: \_\_\_\_\_

\* Date: \_\_\_\_\_