



**CERTIFICATION OF RENT REASONABLENESS**

RRHA is required to assess whether the proposed rent for your unit is reasonable in comparison to rents for similar unassisted units within its local market. RRHA's Rent Reasonableness assessment is based on the information you provide on this sheet. Your signature below certifies that the statements made on this form are true and accurate. If RRHA is unable to verify the information provided, RRHA will re-assess the proposed contract rent. This could result in a lower contract rent, which will delay the processing of the Request for Tenancy Approval (RFTA) or contract rent increase request.

**COMPARISON TO SIMILAR UNSUBSIDIZED PROPERTY**

	<b>Proposed Unit</b>	<b>Unit #1</b>	<b>Unit #2</b>	<b>Unit #3</b>
<b><u>Address of Property:</u></b>				
<b><u>Number of Bedrooms:</u></b>				
<b><u>Square Feet:</u></b>				
<b><u>Type of Unit:</u></b> Single family detached home Duplex Townhome or Row house Mid-rise (5-8 units) High Rise (9+ units) Manufactured home	_____	_____	_____	_____
Age in Years/Date Built:				
<b>Accessibility to Services</b>				
Stores	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Schools	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Transportation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Medical Facilities	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>Amenities</b>				
No. of Full Baths	_____	_____	_____	_____
No. of Half Baths	_____	_____	_____	_____
Carpet	_____	_____	_____	_____
Drapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blinds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer/Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W/D Hookup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Facilities</b>				
Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Maintenance/Maintenance</b>				
On-site Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address/Phone	_____	_____	_____	_____
General Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Utilities</b>				
Owner supplied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Supplied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating type	_____	_____	_____	_____
Rent Charged				
Handicap Accessible?				

**Rent Reasonableness Policy:** Per federal regulation 24 CFR 982.507 RRHA will conduct a comparable test to determine if the rent you are requesting is reasonable. The length of the required notice period of the owner request for a rent increase at the annual anniversary may be established by the PHA. The request must be submitted in the form and manner required by the PHA. As stated by the HUD regulation, the procedure established by RRHA is as follows:

RRHA must make a rent reasonableness determination at initial occupancy and whenever the owner requests a rent adjustment. The owner must not change the rent during the initial lease term. Subsequent requests for rent adjustments must be submitted in writing to the family and RRHA sixty (60 days) prior to contract renewal month (specified by the HAP Contract). Please note that the requested amount must go through the Rent Reasonableness Process. Once the requested rental amount has been approved and deemed reasonable, we will notify both the owner/agent/company and participant of the change in rental amount in writing. Please note that in order for RRHA to complete a rental adjustment the unit must be in a passed or favorable inspection status with RRHA.

LANDLORD SIGNATURE: \_\_\_\_\_

**FOR RRHA USE ONLY**

Approved      Initials \_\_\_\_\_      Date \_\_\_\_\_

Disapproved      Initials \_\_\_\_\_      Date \_\_\_\_\_

Comments \_\_\_\_\_