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| **Rent Reasonableness and FMR Certification** |

To verify that the rent for the unit you have selected is reasonable, find the address of other units in the neighborhood that are similar to the unit you have chosen. It must be the same type of unit and have the same number of bedrooms. Some ideas for places to look for comparable units include the local paper, the owner, your friends, and local real estate agents.

**The completed form must be in the client file to document rent reasonableness and FMR approval.**

 Date Revised: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Selected Unit** | **Comparable Unit #1** | **Comparable Unit #2** | **Comparable Unit #3** |
| **Address of Unit:** |  |  |  |  |
| **Type of Unit/Construction:****(Check type)** | **[ ]  Apt. 1-4 Floors****[ ]  Apt. 5+Floors****[ ]  Duplex/Townhouse****[ ]  Manufactured Home****[ ]  Single Family****[ ]  Other:\_\_\_\_\_\_\_\_\_\_** | **[ ]  Apt. 1-4 Floors****[ ]  Apt. 5+Floors****[ ]  Duplex/Townhouse****[ ]  Manufactured Home****[ ]  Single Family****[ ]  Other:\_\_\_\_\_\_\_\_\_\_** | **[ ]  Apt. 1-4 Floors****[ ]  Apt. 5+Floors****[ ]  Duplex/Townhouse****[ ]  Manufactured Home****[ ]  Single Family****[ ]  Other:\_\_\_\_\_\_\_\_\_\_** | **[ ]  Apt. 1-4 Floors****[ ]  Apt. 5+Floors****[ ]  Duplex/Townhouse****[ ]  Manufactured Home****[ ]  Single Family****[ ]  Other:\_\_\_\_\_\_\_\_\_\_** |
| **# Bedrooms:** |  |  |  |  |
| **Approximate Square Footage:** |  |  |  |  |
| **General Housing Condition:** |  |  |  |  |
| **Location (i.e., near schools, bus, park, etc.):** |  |  |  |  |
| **Amenities:****(Check all that apply)** | **[ ]  Air Conditioner****[ ]  Garbage Disposal****[ ]  Dishwasher****[ ]  Washer/Dryer****[ ]  Carpet****[ ]  Recreational Facilities.****[ ]  Storage Areas****[ ]  Parking****[ ]  Maintenance Service****[ ]  Handicap Accessible****[ ]  Other:\_\_\_\_\_\_\_\_\_\_** | **[ ]  Air Conditioner****[ ]  Garbage Disposal****[ ]  Dishwasher****[ ]  Washer/Dryer****[ ]  Carpet****[ ]  Recreational Facilities.****[ ]  Storage Areas****[ ]  Parking****[ ]  Maintenance Service****[ ]  Handicap Accessible****[ ]  Other:\_\_\_\_\_\_\_\_\_\_** | **[ ]  Air Conditioner****[ ]  Garbage Disposal****[ ]  Dishwasher****[ ]  Washer/Dryer****[ ]  Carpet****[ ]  Recreational Facilities.****[ ]  Storage Areas****[ ]  Parking****[ ]  Maintenance Service****[ ]  Handicap Accessible****[ ]  Other:\_\_\_\_\_\_\_\_\_\_** | **[ ]  Air Conditioner****[ ]  Garbage Disposal****[ ]  Dishwasher****[ ]  Washer/Dryer****[ ]  Carpet****[ ]  Recreational Facilities.****[ ]  Storage Areas****[ ]  Parking****[ ]  Maintenance Service****[ ]  Handicap Accessible****[ ]  Other:\_\_\_\_\_\_\_\_\_\_** |
| **Approximate year built:** |  |  |  |  |
| **Utilities(type)** |  |  |  |  |
| **Utilities Included?** | **[ ]  Yes****[ ]  No** | **[ ]  Yes****[ ]  No** | **[ ]  Yes****[ ]  No** | **[ ]  Yes****[ ]  No** |
|  | **Selected Unit** | **Comparable Unit #1** | **Comparable Unit #2** | **Comparable Unit #3** |
| **Unit Rent** |  |  |  |  |
| **Utility Allowance** |  |  |  |  |
| **Gross Rent** |  |  |  |  |

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| **Certification** |

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| **A. Rent Reasonableness** |
|  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Proposed Contract Rent + Utility Allowance = Proposed Gross Rent** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Averaged Comp Rent + Averaged Utility Allowance = Averaged Gross Rent** |
|  Based on a comparison with rents for comparable units, I have determined that the proposed gross rent for  the Unit **[ ]  is [ ]  is not** reasonable. |

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| --- |
| **B. Fair Market Rent**  |
|  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Proposed Contract Rent + Utility Allowance = Proposed Gross RenT** **Applicable Fair Market Rent: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Does Proposed Gross Rent Exceed Fair Market Rent?** [ ]  **Yes** [ ]  **No** **FMR LISTUSED:** **NAME OF COUNTY/IES WHICH PERIOD OF TIME?** |

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| **Name of Person Completing this Form:** |
| **Signature: Date:** |
| **Title:** |
| **Agency:** |