

RENT REASONABLENESS SURVEY

DATE: _____

ADDRESS: _____

LANDLORD: _____

 PH: _____

_____ Dwelling unit evaluation for "Comparability"
 Please attach a photo if available and maintain in "Comparability Unit File" ("Comparable" units should include those which were not leased under the Rental Assistance Program at the time of their inspection, evaluation AND inclusion for comparability purposes.)

_____ Dwelling unit evaluation for Section 8 Lease/ Occupancy
 (Complete and include in Client Lease File)

_____ Total Score _____ # of Bedrooms Rent \$ _____

Inspector/ Evaluator _____
"Comparability" unit rents and condition should be reviewed/ upgraded annually.

Please complete each category listed below, circling or entering appropriate scores, and adding the scores in all categories for a total.

Type:			
Single family dwelling		5	Points
Duplex		4	
Apartment		3	
Mobile Home		2	
Garage Apartment		1	
Other- Describe/ Rate	4 Plex		

Size: Rate: (Large/ Spacious – 5, Tiny/ Cramped – 0)

Location: Rate: Neighborhood/ surroundings Quality
 (Excellent – 5, Unsuitable – 0)

Convenience/ Amenities: Rate: Access to services/ schools, etc.
 (Excellent – 5, Unsuitable – 0)

Building/ Structural/ Design Condition and Upkeep:
 Rate: (Outstanding – 5, Minimal acceptability for occupancy – 1)
 Factors for consideration include age, structural condition, design features, suitability for type and nature of current or proposed occupancy.

RRS# _____

Year of Construction:

Since 1990	5
1980-1989	4
1970-1979	3
1960-1969	2
1940-1960	1
Prior to 1940	0

Interior Condition:

Rate: (Outstanding – 5, Minimal HQS qualifier in fair condition – 1)

Modernization/ Rehabilitation/ Conversion Status:

Substantially modernized, rehabilitated or fully converted	3
Evidence of substantial or ongoing modernization	2
Successful preservation efforts apparent	1

Bathroom Ratio:

_____ Full Baths, _____ Half Baths	
For Two-bedroom unit with 1.5 or more baths	1
For Three-bedroom unit with 2 or more baths	1
For Three or Four bedroom unit with less than 1.5 baths (MINUS 1)	-1

Heating, Cooling, and Energy Efficiency:

Well insulated with tight fitting windows and doors	3
Modern CH/AC system (clean, well-maintained, functional)	2
Window AC (Landlord- provided – 0 / Resident-owned- MINUS 1)	-1
Marginal heating and/ or ventilation conditions – (MINUS 1)	-1

Amenities (Interior):

Dishwasher, disposal _____	1
Landlord Provided Refrigerator _____	1
Landlord Provided Range _____	1
Built-in Range top/ Oven (bonus above conventional Range) _____	1
Landlord Provided Microwave _____	1
Washer/ Dryer Connections _____	1
Landlord provided washer/ dryer (functional) _____	2
On site laundry facilities (coin operated or other resident paid) _____	1
Other interior amenities adding to unit value/ appeal _____ (_____)	1

Communications, Media, Security:

Multiple telephone and cable outlets, door viewers, special locks, latches, Bolts, etc.
(Extremely well equipped – 3 Basic equipment – 0)

RRS# _____

Exterior Facilities/ Amenities:

Enclosed Garage _____	2
Carport _____	2
Fenced yard (suitable for pets or children) _____	2
Well maintained grounds (maintained by landlord) _____	1
Resident required to provide lawn/ yard upkeep (MINUS 1) _____	-1
Off-street parking (designated or readily available in lieu of garage or carport) _____	1
Recreational area/ playground equipment (Well maintained) _____	1
Unit maintenance provided by landlord (with demonstrable high performance) _____	1
Resident required to perform all maintenance (MINUS 1) _____	-1
Additional Storage (within or outside unit w/ lockable entry) _____	1
Effective, visible management/ landlord presence _____	1

Handicapped access premium:

Up to 5 points may be added for units specially equipped for client/ family needs. _____

POINT TOTAL _____



NOTE: Any unit meeting HQS, but scoring 10 points or less should be deemed marginal Or unsuitable for comparison purposes and may not meet the basic standards of "decency and habitability" required by the program.

_____ Number of Bedrooms

Current rent charged/ sought or "contract" rent: \$ _____

Utilities paid by Resident: _____ LL: _____

Estimated "Utility Allowances" applicable: \$ _____

Gross rent charged/ sought: \$ _____

COMPARABLE UNITS FOR RENT REASONABLENESS ANALYSIS:

- _____ Number/Designation, _____ Point Total, and \$ _____ Gross Rent
- _____ Number/Designation, _____ Point Total, and \$ _____ Gross Rent
- _____ Number/Designation, _____ Point Total, and \$ _____ Gross Rent

_____ No unit with comparable evaluation is available due to special circumstances or conditions. The Point Total and Gross Rent sought meet general standards of comparison of similar conditions and circumstances in the units designated above. In cases where units with no closely comparable Point Totals/ Gross Rents are available, a Memorandum of Explanation/ Justification may be attached.

The Gross Rent sought by the landlord for this unit meets the threshold tests in comparison with units of equivalent bedroom size or is within the adopted margin of variance for other unit comparisons.

Inspector/ Evaluators Signature: _____ Date: _____