

Exhibit 1: Sample Form - Survey for Unassisted Rental Units

Date of Data Collection: _____ Name of Data Collector: _____

Unit Location:

Name of Building (if any): _____

Address of Unit/Building: _____

Owner/Manager Information: ___ Owner ___ Mgmt. Company ___ On-Site

Name: _____

Address: _____ Phone: _____

Building Type:

High-rise (9+ stories): _____ Elevator? ___yes ___no

Mid-rise (5-8 stories): _____ Elevator? ___yes ___no

Garden (1-4 stories): _____ Elevator? ___yes ___no

Townhouse: _____

Duplex: _____

Single Family House: _____

Unit Sizes and Rents:

No. Bedrooms	No. Bathrooms	Starting Rent *	Square Feet	No. of Units	No. Vacant
Total					

* Starting rent is the market-rate rent that would be charged if the unit became available today. If the building has subsidized units, be sure that the starting rent recorded is for the unsubsidized, market-rate units.

Unit Amenities Provided by Owner:

Central A/C: ___yes ___no Window A/C Units: ___yes ___no

Carpeting: ___yes ___no Dishwasher: ___yes ___no

Garbage disposal: ___yes ___no Washer/dryer: ___yes ___no

W/D connections: ___yes ___no Other: (specify) ___yes ___no

(e.g., balcony, patio, private fenced yard)

Are there differences in the rent charged for units of the same bedroom and bathroom size, depending upon, for example, unit location (balcony vs. patio, inside unit vs. outside unit)? Please explain.

Utility Information to Calculate Gross Rent:

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat					
A/C					
Hot Water					
Cooking					
Electric					
Water/Sewer					
Garbage Pick-up					
Stove					
Refrigerator					

Building Age: Year building built: _____ Year last major rehab completed: _____

Quality: Check the description that best applies;

_____ A. Newly constructed or completely renovated.

_____ B. Well maintained and/or partially renovated.

_____ C. Adequate but some repairs may be needed soon. Some minor maintenance may be needed. No renovation since construction.

Building Facilities:

Playground: _____yes _____no

Laundry Facilities: _____yes _____no

Covered/Garage Parking: _____yes _____no

Off-Street Parking: _____yes _____no

Storage Outside Unit: _____yes _____no

Community Room: _____yes _____no

Wireless Internet Included: _____yes _____no

Management and Maintenance Services (if applicable):

Is there on-site: Management staff? _____yes _____no

Desk service? _____yes _____no

Maintenance staff? _____yes _____no

Are there other management or maintenance services available, such as a security guard or janitorial services?

Neighborhood/Location Characteristics:

What is the nearest public transportation? _____ How many blocks away? _____

What is the nearest cross street to the unit? _____ Please note any special features of the building, unit, grounds, location or neighborhood that might help the Program Manager/Market Analyst compare this unit and its rents to other units in the area: _____

Other Information:

How many units are accessible for persons with disabilities? _____ What bedroom size? _____

How does the rent for accessible units differ from rent charged for regular units?

Is occupancy limited to a particular clientele (elderly, persons with disabilities)? If yes, who?

_____yes _____no _____

Are there subsidized units in the building? _____yes _____no If yes, how many? _____

Does the owner accept housing choice vouchers? _____yes _____no

Exhibit 2: Sample Form - Rent Reasonableness Data for Program Unit

(To be completed as part of the Unit Inspection)

Date of Inspection: _____ **Inspector's Name:** _____

Unit Location:

Name of Building (if any): _____

Address of Unit/Building: _____

Building Type:

High-rise (9+ stories): _____ Elevator? yes no

Mid-rise (5-8 stories): _____ Elevator? yes no

Garden (1-4 stories): _____ Elevator? yes no

Townhouse: _____

Duplex: _____

Single Family House: _____

Unit Amenities Provided by Owner:

Central A/C: yes no Window A/C Units: yes no

Carpeting: yes no Dishwasher: yes no

Garbage disposal: yes no Washer/dryer: yes no

W/D connections: yes no Other: (specify) yes no

(e.g., balcony, patio, private fenced yard)

Utility Information to Calculate Gross Rent:

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat					
A/C					
Hot Water					
Cooking					
Electric					
Water/Sewer					
Garbage Pick-up					
Stove					
Refrigerator					

Building Age: Year building built: _____ Year last major rehab completed: _____

Building Facilities:

Playground:	<input type="checkbox"/> yes <input type="checkbox"/> no	Laundry Facilities:	<input type="checkbox"/> yes <input type="checkbox"/> no
Covered/Garage Parking:	<input type="checkbox"/> yes <input type="checkbox"/> no	Off-Street Parking:	<input type="checkbox"/> yes <input type="checkbox"/> no
Storage Outside Unit:	<input type="checkbox"/> yes <input type="checkbox"/> no	Community Room:	<input type="checkbox"/> yes <input type="checkbox"/> no
Wireless Internet Included:	<input type="checkbox"/> yes <input type="checkbox"/> no		

Management and Maintenance Services (if applicable):

Is there on-site:	Management staff?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Desk service?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Maintenance staff?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Are there other management or maintenance services available, such as a security guard or janitorial services?

Other Information:

Is the unit accessible for persons with mobility impairments?
 Is the unit accessible for persons with vision or hearing impairments?
 Is the unit designed or adapted with other specific features to make it accessible to persons with disabilities?

Are there differences in the rent charged for units of the same bedroom and bathroom size, depending upon, for example, unit location (balcony vs patio, inside vs outside unit)?

Location Features:

What is the nearest public transportation? _____ How many blocks away?

What is the nearest cross street to the unit? _____

Please note any special features of the building, unit, grounds, location or neighborhood that might help the Program Manager/Market Analyst compare this unit and its rents to other units in the area:

Overall Quality Rating:

- _____ A. Newly constructed or completely renovated.
- _____ B. Well maintained and/or partially renovated.
- _____ C. Adequate, but some repairs may be needed soon. Some minor maintenance may be needed. No renovations since construction. (Meets HQS standards.)

Signature of Inspector

Date

Exhibit 3: Sample Comparison of Program and Comparable Units

I certify that based upon information available to this office, the requested Contract Rent / ____ is/ ____ is not/ reasonable in accordance with program requirements.

Comparability Category	Program Unit	Comparable #1	Comparable #2	Comparable #3
Date data gathered				
Address				
Rent to Owner				
Utility Allowance				
Gross Rent				
Census tract				
Neighborhood				
Unit Type				
Number of bedrooms				
Number of bathrooms				
Accessible				
Year built				
Date of Most Recent Remodeling				
Quality				
Amenities:				
Central Air Conditioning				
Window Air Conditioning				
Carpeting				
Dishwasher				
Garbage disposal				
Washer/dryer provided				
Washer/dryer hookups				
Other _____				
Facilities:				
Playground				
Covered/garage parking				
Off-street parking				
Laundry facility				
Storage outside the unit				
Pool				
Community room				
Day care				
Other _____				
Services:				
On-site management				
Security guard(s)				
Desk service				
Security system				
On-site maintenance staff				
Other _____				

Nearest public transportation				
Nearest shopping				
Notes:				

Name of PHA _____

Signature _____

Title _____ Date _____

Exhibit 4: Suggested Format - Rent Reasonableness Checklist

I certify that based upon information available to this office, the requested Contract Rent / _____ is/ _____ is not/ reasonable in accordance with program requirements.

Category of Comparison	Program Unit	Comparable #1	Comparable #2	Comparable #3
Address				
Census tract				
Neighborhood				
Number of bedrooms				
Published FMR				
Payment Standard				
Unit type				
Number of bathrooms				
Square feet				
Location: Accessibility to Services (List)				
Quality				
Amenities (List)				
Facilities (List)				
Date built				
Management and Maintenance Services (List)				
Rent to owner				
Utility allowance				
Gross rent				
Notes on Comparability				

Name of PHA _____

Signature _____ Title _____

Date _____