Rent Reasonable Valuation

Completion of this form is necessary to ensure the best comparable unit data is used when determining if the requested rent is reasonable.

Property Information

Structure Type (select one):

Address: _____

Unit #: _____

City, Zip: _____

□ House　　□ Duplex　　□ Apartment

□ Rowhouse　　□ Triplex　　□ Mobile Home

□ Townhouse　　□ 4plex

Rent	Deposit	Move-in Date	# Beds / # Baths	Sq. Ft.	Year Built
$_____	$_____	_____	_____ / _____	_____	_____

Amenities:

Indoor
□ Cable Included
□ Ceiling Fan(s)
□ Washer
□ Dryer
□ W/D Hookups
□ Onsite Laundry

Kitchen
□ Dishwasher
□ Disposal
□ Microwave
□ Refrigerator
□ Stove

Parking
□ 1 Car Garage
□ 2 Car Garage
□ 3 Car Garage
□ 1 Carport/Assigned Space
□ 2 Carport/Assigned Spaces
□ None

Outdoor
□ Balcony/Patio
□ Pool
□ Gated Community

Maintenance
□ Lawn care
□ Pest Control
　□ Including Bed Bugs
□ Trash Included

Miscellaneous
□ Ground Floor
□ Accessible
□ % Set Aside _____
□ EES

Utilities:

Heating Fuel Type	Hot Water Fuel Type	Cooking Fuel Type	Heating System	Cooling System
□ Natural Gas	□ Natural Gas	□ Natural Gas	□ Central	□ Central
□ Electric	□ Electric	□ Electric	□ Baseboard	□ Swamp
□ Propane	□ Propane	□ Propane	□ Boiler	□ Window/Wall
□ Oil	□ Oil	□ Oil	□ Heat Pump	□ None
			□ Radiator	

Heating Paid By	Hot Water Paid By	Cooking Paid By	
□ Owner	□ Owner	□ Owner	□ Space Heater
□ Tenant	□ Tenant	□ Tenant	□ Window/Wall

Water	Water Paid By	Sewer	Sewer Paid By	Other Electric Paid By
□ City Water	□ Owner	□ Public	□ Owner	□ Owner
□ Well Water	□ Tenant	□ Septic System	□ Tenant	□ Tenant

First Initial Inspection: 　　　Second Inspection 　　　Third Inspection

Inspector Name: _____ Inspector Name: _____ Inspector Name: _____

Inspection Date: _____ Inspection Date: _____ Inspection Date: _____

Inspection Time: _____ Inspection Time: _____ Inspection Time: _____

Pass □　　Fail □ 　　　　Pass □　　Fail □ 　　　　Pass □　　Fail □