

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	Rent	#Beds/ #Baths	Move-in Date
Address: _____	\$ _____	____ / ____	_____
Unit #: _____			
City, Zip: _____	Sq. Ft. _____	Year Built _____	

Utilities:

<u>Heating Fuel Type</u> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Oil	<u>Hot Water Fuel Type</u> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Oil	<u>Cooking Fuel Type</u> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Oil	<u>Heating System</u> <input type="checkbox"/> Central <input type="checkbox"/> Baseboard <input type="checkbox"/> Boiler <input type="checkbox"/> Heat Pump <input type="checkbox"/> Radiator <input type="checkbox"/> Space Heater <input type="checkbox"/> Window/Wall	<u>Cooling System</u> <input type="checkbox"/> Central <input type="checkbox"/> Swamp <input type="checkbox"/> Window/Wall <input type="checkbox"/> None
<u>Heating Paid By</u> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<u>Hot Water Paid By</u> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<u>Cooking Paid By</u> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		
<u>Sewer</u> <input type="checkbox"/> Public <input type="checkbox"/> Septic System	<u>Sewer Paid By</u> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<u>Water</u> <input type="checkbox"/> City Water <input type="checkbox"/> Well Water	<u>Water Paid By</u> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	<u>Other Electric Paid By</u> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant

Amenities:

<u>Indoor</u> <input type="checkbox"/> Cable Included <input type="checkbox"/> Ceiling Fan(s) <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> W/D Hookups <input type="checkbox"/> Onsite Laundry	<u>Kitchen</u> <input type="checkbox"/> Dishwasher <input type="checkbox"/> Disposal <input type="checkbox"/> Microwave <input type="checkbox"/> Refrigerator <input type="checkbox"/> Stove	<u>Parking</u> <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> 3 Car Garage <input type="checkbox"/> 1 Carport/Assigned Space <input type="checkbox"/> 2 Carport/Assigned Spaces <input type="checkbox"/> None
<u>Outdoor</u> <input type="checkbox"/> Balcony/Patio <input type="checkbox"/> Pool <input type="checkbox"/> Gated Community – code: _____	<u>Maintenance</u> <input type="checkbox"/> Lawn care <input type="checkbox"/> Pest Control <input type="checkbox"/> Including Bed Bugs <input type="checkbox"/> Trash Included	<u>Miscellaneous</u> <input type="checkbox"/> Ground Floor <input type="checkbox"/> Accessible <input type="checkbox"/> % Set Aside _____ <input type="checkbox"/> EES

BELOW FOR RHA USE ONLY

Leasing Agent:

<u>Structure Type (select one):</u> <input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Triplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhouse <input type="checkbox"/> 4plex <input type="checkbox"/> EES (apartment)	<u>Utility Allowance Schedule:</u> Year: 20____ Base: <input type="checkbox"/> Water/Sewer/Trash <input type="checkbox"/>	Voucher Size:____ Inspection ID: _____ Lease in Place? Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--	---

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 <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Correct Bedroom size? Yes <input type="checkbox"/> No <input type="checkbox"/>		Correct Structure Type? Yes <input type="checkbox"/> No <input type="checkbox"/>