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: _____

Rent $_____   _____ / _____   _____

Unit #: _____

City, Zip: _____

Sq. Ft.   Year Built

_____   _____

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

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

Amenities:

Indoor	Kitchen	Parking
□ Cable Included	□ Dishwasher	□ 1 Car Garage
□ Ceiling Fan(s)	□ Disposal	□ 2 Car Garage
□ Washer	□ Microwave	□ 3 Car Garage
□ Dryer	□ Refrigerator	□ 1 Carport/Assigned Space
□ W/D Hookups	□ Stove	□ 2 Carport/Assigned Spaces
□ Onsite Laundry		□ None

Outdoor	Maintenance	Miscellaneous
□ Balcony/Patio	□ Lawn care	□ Ground Floor
□ Pool	□ Pest Control	□ Accessible
□ Gated Community	□ Including Bed Bugs	□ % Set Aside _____
	□ Trash Included	□ EES

BELOW FOR RHA USE ONLY

Leasing Agent:

Structure Type (select one):   Utility Allownace Schedule: Voucher Size:___

□ House   □ Duplex   □ Apartment   Year: 20____   Inspection ID: _____

□ Rowhouse   □ Triplex   □ Mobile Home   Base: □

□ Townhouse   □ 4plex   □ EES (apartment)   Water/Sewer/Trash □   Lease in Place? Yes □   No □

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 □

Correct Bedroom size? Yes □   No □   Correct Structrure Type? Yes □   No □