

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

Amenities:

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

BELOW FOR RHA USE ONLY

Leasing Agent:

<u>Structure Type (select one):</u>	<u>Utility Allowance Schedule:</u>	Voucher Size: _____
<input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment	Year: 20_____	Inspection ID: _____
<input type="checkbox"/> Rowhouse <input type="checkbox"/> Triplex <input type="checkbox"/> Mobile Home	Base: <input type="checkbox"/>	
<input type="checkbox"/> Townhouse <input type="checkbox"/> 4plex <input type="checkbox"/> EES (apartment)	Water/Sewer/Trash <input type="checkbox"/>	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"/>