

Buffalo Housing Opportunities Program

Date: _____

Client Number: _____

Client Name: _____

Rent Reasonableness Certification



PROPERTY INFORMATION:

Please fill out all the fields:

Street Address

City

Zip Code (Census Tract)

Check the appropriate box:

- Single Family Home Older Converted Home Double/Duplex Row House
 Apartment Complex Mobile Home High Rise with elevator

Does the rent include utilities? Yes No

Monthly Rent: _____

Number of bedrooms: _____

Year built: _____

The rent charged for this unit is reasonable in relation to rents currently being charged for comparable units in the private, unassisted market.

Case Manager Signature

Date

Referring Agency