|  |  |  |
| --- | --- | --- |
| **Date:** |  | **Rent Reasonableness Certification**  |
| **Client Name:** |  |
| **Client Number:** |  |

Property Information:

Please fill out all the fields:

|  |  |  |
| --- | --- | --- |
| Street Address: |  |  |
|  |  |
| City: |  | State: |  |
| Zip: |  | Census Tract: |  |

Check the appropriate box:

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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: |  |