

# RENT COMPARABLE UNIT

Rental Property

Address: \_\_\_\_\_

*Street*

*City*

*State*

Type of House/Apartment.  Single Family  Garden/Walk-Up  Semi-Detached/Row House  Elevator/High-Rise  
 Mobile Home

No. Of walls exposed to the outside? \_\_\_\_\_

No. of BRs: \_\_\_\_\_ Floor Location: \_\_\_\_\_ Accessible to Persons with Physical Impairments: Y \_\_\_\_\_ N \_\_\_\_\_

Type of Neighborhood (residential, downtown, near park, etc.) \_\_\_\_\_ Census Tract Number \_\_\_\_\_

<b>Kitchen</b> <input type="checkbox"/> Dishwasher <input type="checkbox"/> Eat-In Kitchen <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Pantry <b>Overall Characteristics</b> <input type="checkbox"/> Air Conditioning (Central) <input type="checkbox"/> Air-Conditioning (Window Unit) <input type="checkbox"/> Attic <input type="checkbox"/> Balcony/Patio/Deck/Porch <input type="checkbox"/> Blinds/Drapes <input type="checkbox"/> Den <input type="checkbox"/> Dining Room <input type="checkbox"/> Extra Storage Room <input type="checkbox"/> Family Room	<input type="checkbox"/> Fenced Yard <input type="checkbox"/> Finished Basement <input type="checkbox"/> Full Basement <input type="checkbox"/> Garage/Carport/Parking Facilities <input type="checkbox"/> New Furnace <input type="checkbox"/> Newly Renovated (year) <input type="checkbox"/> New Roof <input type="checkbox"/> Off-Street Parking <input type="checkbox"/> Range <input type="checkbox"/> Refrigerator <input type="checkbox"/> Second Bathroom <input type="checkbox"/> Screen Doors or Windows <input type="checkbox"/> Storm Doors or Windows <input type="checkbox"/> Wall-to-Wall Carpeting <input type="checkbox"/> Washer and/or Dryer <input type="checkbox"/> Washer and/or Dryer Hookup	<b>Services</b> <input type="checkbox"/> Bus Line <input type="checkbox"/> Coin-Op Laundry <input type="checkbox"/> Playground <input type="checkbox"/> Storage Bins <input type="checkbox"/> On-site Maintenance <input type="checkbox"/> On-site Management <input type="checkbox"/> Parking (designated) <input type="checkbox"/> Learning Center <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other:  Age of Unit  Square Footage				
Utilities and Appliances (if owner provides insert O; if family, insert F)	O-Owner F-Family	Coal	Oil	Natural Gas	Electric	LP Gas
Water/Sewer/Trash						
Electric Lights						
Heating (check type)						
Hot Water Heating (check type)						
Cooking (check gas or electric)						
Air Conditioner (who owns?)						
Range (who owns?)						
Refrigerator (who owns?)						

### GROSS RENT HISTORY

Date	Contract Rent	HUD Allowance for Tenant Paid Utilities	Gross Rent

### OWNER/LANDLORD/ PROPERTY MANAGEMENT COMPANY INFORMATION

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Name/Title of Person Completing Form

\_\_\_\_\_  
Signature of Person completing Form

