



Western Piedmont Council of Governments

Regional Housing Authority



Rent Comparable/Rent Reasonableness

Name of Applicant:	Assisted Unit Address: City: State: ZIP:
--------------------	---

Comparable units must:

- Be within a five mile radius of the rental unit or close proximity,
- Must not be receiving rental assistance,
- One can be the owner/agent, the other listing must from another owner/agent,
- Contract rent must be the same rent amount or more (NOT LESS).

Agent/Owner Name _____

Agent/Owner Name _____

Phone No. _____

Phone No. _____

Street Address of unit to be compared (Location)

Street Address of unit to be compared (Location)

Contract Rent _____ How many bedrooms? ____

Contract Rent _____ How many bedrooms? ____

How many bathrooms? _____

How many bathrooms? _____

Square feet of unit _____

Square feet of unit _____

Type of unit _____

Type of unit _____

Quality (please circle one) excellent good fair

Quality (please circle one) excellent good fair

Date Built _____

Date Built _____

Amenities _____

Amenities _____

Type of Heat/Air _____

Type of Heat/Air _____

Maintenance services _____

Maintenance services _____

Utilities furnished _____

Utilities furnished _____

Rent Comparable/Rent Reasonableness completed by:

Signature (Landlord/Housing Specialist)

Date

This institution is an equal opportunity provider. It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.