

**OWNER'S RENT REASONABLENESS CHECKLIST AND CERTIFICATION**

I, \_\_\_\_\_, certify that the rent that I am charging for the following property address: \_\_\_\_\_ is reasonable in relation to rents currently being charged for comparable units in the private unassisted market. I also certify that I am not charging a higher rent for a tenant that is receiving Federal or State rental assistance than for a tenant who is not. I can support the rent I am charging based on the following information:

**(Please check one)**

1. \_\_\_\_ I am currently charging the same rent for a similar unit to a tenant that is not receiving Federal or State rental assistance.
2. \_\_\_\_ This unit was recently rented for the same amount to a tenant who was not receiving Federal or State rental assistance.
3. \_\_\_\_ I am charging this rent based on rents being charged for a comparable property located at the following address: \_\_\_\_\_.

The owner must give the PHA information requested on rents charged by the owner for other units in the premises or elsewhere.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT THE BOTTOM HALF OF THIS FORM COMPLETELY. THANK YOU.**

**Number of Bedrooms:** \_\_\_\_ **Number of Rooms:** \_\_\_\_ **Year Constructed:** \_\_\_\_ **Proposed Rent:** \_\_\_\_\_

**Owner Supplied Utilities:** \_\_ No \_\_ Yes: Specify: \_\_\_\_\_

**Tenant Supplied Utilities:** \_\_ No \_\_ Yes: Specify: \_\_\_\_\_

**Square feet of unit:** \_\_\_\_\_

**HOUSING TYPE:** (check as appropriate)  Single Family  Multi-Family (i.e. 2/3 three family, condo, row house & garden apts)  High Rise; 5 or More Stories

Check as many items as are found in the unit

**A. LIVINGROOM**

- High quality floors or wall coverings
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other: \_\_\_\_\_

**B. KITCHEN**

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- High quality cabinets
- Abundant counter-top space
- Modern appliance(s)
- Exceptional size relative to needs of family

**C. OTHER ROOMS USED FOR LIVING**

- High quality floors or wall coverings
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other: \_\_\_\_\_

**D. BATH**

- Built-in heat lamp
- Large mirrors
- Glass door on shower/tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other: \_\_\_\_\_

**E. OVERALL CHARACTERISTICS**

- Storm windows  Storm doors
- Other forms of weatherization (e.g. insulation, weather stripping)
- Screen doors  Screen windows
- Good upkeep of grounds (i.e. site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other: \_\_\_\_\_

**F. DISABLED ACCESSIBILITY**

Unit is accessible to a particular disability.  Yes  No

PHA CERTIFICATION: to be filled out by PHA

Based upon a comparison with rents for comparable unassisted units, I have determined that the proposed rent for the unit \_\_\_\_ (is) \_\_\_\_ (is not) reasonable.

PHA: City of Hartford

Signature: \_\_\_\_\_

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