



Rent Reasonableness Comparability Data Sheet For Comparable Units Provided by Landlords

PHA: SAHA

Name of Landlord Providing Data: _____ Date Collected: _____

Telephone Number for Landlord Providing Data: _____

1. Source of Data:

<input type="checkbox"/> Phone	<input type="checkbox"/> Internet	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other
<input type="checkbox"/> Apartment Guide	<input type="checkbox"/> Visit	<input type="checkbox"/> Real Estate Agent	

2. Unit Address and Unit Owner Data:

Street Address with Apartment Number as needed

City, State, Zip Code

Name of Owner/Agent

Phone Number (Day) (Evening)

3. Unit Type

Check	Dwelling type	Definition
<input type="checkbox"/>	Single Family	One family unit.
<input type="checkbox"/>	Duplex	Two units in one building with at least one unit being on one floor.
<input type="checkbox"/>	Townhouse	Two or more attached units with each unit having two or more floors.
<input type="checkbox"/>	Row House	A dwelling unit in a line of dwelling units attached at the side or rear by means of common walls. Unit is on one floor.
<input type="checkbox"/>	Manufactured Homes/Mobile Homes	A house that is assembled in a factory.
<input type="checkbox"/>	Garden/Walkup /Apartment Multifamily	Building has 2-4 stories and the unit is on one floor.
<input type="checkbox"/>	High Rise	Building with five or more stories and the unit is on one floor.



4. Quality of Unit (Pursuant to HQS)

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
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5. Unit Size

<input type="checkbox"/> Large	<input type="checkbox"/> Medium	<input type="checkbox"/> Small	SQ. Footage
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6. Number of Bedrooms	7. Number of Bathrooms
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8. Age of Comparable

<input type="checkbox"/> 0-5 Years	<input type="checkbox"/> 6-20 Years	<input type="checkbox"/> 21-50 Years	<input type="checkbox"/> 50+ Years
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9. Amenities

Owner Provided Amenities	
Check	Description
<input type="checkbox"/>	Dishwasher
<input type="checkbox"/>	Ceiling Fans
<input type="checkbox"/>	Central Air (if not a requirement)
<input type="checkbox"/>	Garbage Disposal
<input type="checkbox"/>	Covered Parking/Off Street Parking
<input type="checkbox"/>	Window Air
<input type="checkbox"/>	Washer/Dryer Hookups
<input type="checkbox"/>	Laundry Facilities
<input type="checkbox"/>	Working Fireplace
<input type="checkbox"/>	Carpeting
<input type="checkbox"/>	Refrigerator
<input type="checkbox"/>	Range
<input type="checkbox"/>	Cable/Internet Ready
<input type="checkbox"/>	Security System
<input type="checkbox"/>	Modern Appliances
<input type="checkbox"/>	Energy Efficient Certified Unit
<input type="checkbox"/>	Handicap Accessible
<input type="checkbox"/>	Basement/Attic
<input type="checkbox"/>	Business/Fitness Center
<input type="checkbox"/>	Deck/Balcony/Patio/Porch
<input type="checkbox"/>	Elevator
<input type="checkbox"/>	Garage
<input type="checkbox"/>	Playgrounds/Courts
<input type="checkbox"/>	Yard Sprinkler System

<input type="checkbox"/>	Pool
<input type="checkbox"/>	Fenced
<input type="checkbox"/>	Hardwood Floors
<input type="checkbox"/>	Clubhouse
<input type="checkbox"/>	Storage
<input type="checkbox"/>	Ceramic Tile Floor
<input type="checkbox"/>	Other

10. Owner Paid Utilities

Check	Item
<input type="checkbox"/>	Heating
<input type="checkbox"/>	Cooking
<input type="checkbox"/>	Other Electric
<input type="checkbox"/>	Air Conditioning
<input type="checkbox"/>	Water Heating
<input type="checkbox"/>	Water
<input type="checkbox"/>	Sewer
<input type="checkbox"/>	Trash Collection
<input type="checkbox"/>	None

11. Monthly Rent \$ _____

12. Housing Services

Check	Item
<input type="checkbox"/>	Landlord Provides Service
<input type="checkbox"/>	No Service

13. Maintenance

Check	Item
<input type="checkbox"/>	On-site Maintenance
<input type="checkbox"/>	Off-site

