

## **Rent Comparable Submission Form**

All units submitted for comparison must be rented by a non-subsidized resident. Accepted comparisons will be entered into the MyHousingSearch database. Comparisons are selected through the MyHousingSearch database based on similarities. Submission of form does not guarantee use to determine rental amount. **Note:** Incomplete forms will not be accepted.

Submitter Information				
Name		Date Info Collected		
Subject Unit Address		Phone #		
Comparable Unit Information				
Street Address		City	Zip Code	
Rent Amount		Phone		
Owner/Mgmt Name				
Unit Type (Select One)				
$\square$ Single Family $\square$ Duplex $\square$ Garden/Walk-Up Apartment (2-		Manufactured Holestonies)	me	
Unit Information				
# of Bedrooms	# of Bathrooms	Year Built	Year Built	
Miles from subject unit (must be within 2 miles)		Sq. Ft.		
Air Conditioner Type (Select On	e)			
☐ Central A/C ☐ Window Mounte	ed □ No A/C			
Parking (Select One)				
☐ Garage ☐ Carport ☐ Off-Stre	et 🗆 Street			
Owner All Bills Paid Unit?				
☐ Yes ☐ No				
Accessibility Features (Select A	pplicable)			
☐ 36"Doors ☐ Flat Entry/Ramped	d Entry			
Owner Provided Appliances /Am	nenities (Select Applicable	<del>2</del> )		
☐ Range/Stove	☐ Ceiling Fan(s)	☐ Fenced Ya	☐ Fenced Yard	
☐ Refrigerator	☐ Dishwasher	☐ Patio, Por	☐ Patio, Porch, Balcony	
☐ Washer	☐ Garbage Disposal	☐ Pool		
□ Dryer	☐ Ceiling Fans	☐ Gated Co	mmunity	