**Client Name or HMIS ID:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Proposed Unit | Comparable Unit #1 | Comparable Unit #2 | Comparable Unit #3 |
| **Address** | (Address) | (Address) | (Address) | (Address) |
| **Number of Bedrooms** | (SELECT) | (SELECT) | (SELECT) | (SELECT) |
| **Square Feet / Age** | (Square Footage) / (Age in Years) | (Square Footage) / (Age in Years) | (Square Footage) / (Age in Years) | (Square Footage) / (Age in Years) |
| **Type of Unit** | (SELECT) | (SELECT) | (SELECT) | (SELECT) |
| **Housing Condition** | (SELECT) | (SELECT) | (SELECT) | (SELECT) |
| **Additional information on any amenities within the unit, on-site and neighborhood.** | (accessibility / transportation, laundry facilities, shopping, resources, etc.)Accessible Unit YES NO | (accessibility / transportation, laundry facilities, shopping, resources, etc.)Accessible Unit YES NO\\\\\ | (accessibility / transportation, laundry facilities, shopping, resources, etc.)Accessible Unit YES NO | (accessibility / transportation, laundry facilities, shopping, resources, etc.)Accessible Unit YES NO |
| **Utility type and included?** | (SELECT) YES NO | (SELECT) YES NO | (SELECT) YES NO | (SELECT) YES NO |
| **Unit Rent** | $(Unit Rent) | $(Unit Rent) | $(Unit Rent) | $(Unit Rent) |
| **Estimated Utility Allowance** | $(Estimated Utilities) | $(Estimated Utilities) | $(Estimated Utilities) | $(Estimated Utilities) |
| **Gross Rent** | $(Unit Rent + Estimated Utilities) | $(Unit Rent + Estimated Utilities) | $(Unit Rent + Estimated Utilities) | $(Unit Rent + Estimated Utilities) |

1. **Proposed Unit**

**$ + $ $** FMR for the proposed unit size is **$**

Proposed Unit Rent plus Utility Allowance = Proposed Unit Gross Rent

The following is applicable to this specific program / contract:

1. **Comparable Units**

**$ ÷ 3**

Total Gross Rents divide by # of Comparable Units =

1. **Rent Reasonableness Certification**

 Proposed CoC rental assistance unit gross rent must be rent reasonable and **can be above FMR**

 Proposed CoC leasing unit/ESG funded unit gross rent must be rent reasonable and **cannot be**

 **above FMR**

\*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding FMR requirement.\*\*

**$**

Average Gross Rent

I have confirmed that the proposed unit gross rent (Section A) is within $100 of the average gross rent (Section B) of the comparable units. Therefore, I certify that the proposed unit is rent reasonable per HUD standards.

Print Name of Staff Completing Form Signature of Staff Completing Form Date Completed

# User Guide

* **Proposed Unit** – the unit that the program participant would like to rent
* **Comparable #1 - #3** – three units that are comparable to the proposed unit. For each comparable unit, attach the printout of the unit listing
* Fill in the following information for the proposed and comparable units
	+ **Address**
	+ **Number of bedrooms**
	+ **Square feet / Age** (this would be the age of the unit in years)
	+ **Type of Unit** – for the purposes of the utility allowance
		- Low Rise / High Rise – apartments that are attached to one another (side by side and vertically) in a complex or building
		- Semi-Detached – homes that share a wall side by side such as a townhouse
		- Single Family Home / Manufactured Home – completely detached from any other unit or dwelling
* **Housing Condition**
	+ - Good – it is well maintained, things are up to date, in good working order and in good condition despite the age of the unit
		- Fair – it is the expected condition for its age (i.e. building is 80 years old, the unit features are outdated), things are in working order with minor repairs noted.
		- Poor – things are not in working order, inadequate sanitation, structural hazards and other issues (i.e. exposed wiring, infestation, inadequate ventilation, etc.); major repairs noted
* **Additional information on amenities within the unit, on-site and neighborhood.** Include information such as:
	+ - Unit amenities – washer/dryer, furnishings, new appliances, balcony, etc.
		- Location accessibility – easily accessible via public transportation
		- On-site amenities – parking, laundry, pool, fitness center, clubhouse, etc.
		- Neighborhood amenities – parks, community centers, library and/or grocery store within walking distance
		- Accessible unit – check the box on whether the unit is accessible
* **Utility Type and Whether it’s Included**
	+ - Select the type of utilities are in the unit – gas, electric or propane
		- Check whether the utilities are provided – if the utilities are not provided entirely by the landlord, then check “No”
	+ **Unit rent** – the amount of rent that landlord is charging for the unit
	+ **Estimated utility allowance** – the estimated amount of utilities that the program participant would be responsible for paying (please refer to the Utility Allowance Schedule published each year by the Housing Authority)
	+ **Gross rent** – the total of the unit rent and the estimated utility allowance

## Section A – Proposed Rent

* Fill in the information on the proposed unit that the program participant would like to rent
* Fill in the FMR for the proposed unit size
* Check whether the specific program allows for rent reasonable units at or above FMR. If unsure, please review your program contract and/or seek guidance from the contract monitor before the program participant signs the lease on the unit
	+ The rent for units assisted with CoC rental assistance must be rent reasonable and **can be above FMR**
	+ The rent for units assisted with ESG funds or CoC leasing funds **must not exceed the lesser of the FMR or the rent reasonableness standard**

\*\*Please see [Addendum 1: COVID-19 Waivers](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20QAS%20-%20HUD%20Mega%20Waiver%20Addendum_6.23.20.pdf), for information on temporary COVID-19 HUD Waivers regarding FMR requirement\*\*

## Section B – Comparable Units

* Add up the gross rents for all three of the comparable units and divide by 3 for the average gross rent

## Section C – Rent Reasonableness Certification

* Proposed unit gross rent (Section A) **must be within** $100 of the average gross rent of the comparable units (Section B)
	+ If this is true, please sign the form to certify this unit is rent reasonable
	+ If this is not true, do not proceed with this unit as it is NOT rent reasonable

\*\*Please refer to pgs 10-11of the [Quality Assurance Standards (QAS)](https://www.sccgov.org/sites/osh/ContinuumofCare/CoC%20Toolkit/Documents/Quality%20Assurance%20Standards/SCC%20CoC%20Quality%20Assurance%20Standards%20-%2010.9.20%20-%20HUD%20Mega%20Waiver.pdf) for further information on rent reasonableness.