

MENTAL HYGIENE ADMINISTRATION
HOUSING FIRST PILOT

Determination of Rent Reasonableness

Name: _____ SSN: _____

Property location: _____

Type of housing: (Please check all that apply)

- Single family (# bedrooms _____)
- Townhouse/duplex (# bedrooms _____)
- Apartment (# bedrooms _____)
- Garden style
- High rise
- Portion of house

Amenities:

- Dishwasher
- A/C
- Carpeting
- Storage
- Washer
- Dryer
- Garbage disposal

Location:

- Transitional area
- Access to transportation/services
- High traffic/noise
- Other (specify)

Utilities included:

- Heat
- Electric
- Water
- Sewage
- Gas
- Oil

Rent for this unit: _____

Rent for comparable unassisted units: _____

I hereby certify that the rent charged for this unit meets the rent reasonableness standards of the Continuum of Care Program.

Date

Signature

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Comparable Unassisted Units:

	Unit #1	Unit #2	Unit #3
Unit Type			
Number of Bedrooms			
Address			
Unit Age			
Location			
Rent Amount			
Utilities Included			
Refrigerator/Stove			
Amenities			

In accordance with CFR 882.106, I certify that based on the information available to this office, the requested contract rent is: Reasonable Not Reasonable

Certified By: _____ Date: _____

Comments:

A photo or newspaper clipping was reviewed. Yes Please Attach No