

Request for Tenancy Approval Comparability Survey Form

Owner must complete and return this form with Lease-up Packet

For Office Use Only	
HOH Name:	_____
Unit Code:	_____
Program Type:	_____
RHC/S initials:	_____
Date:	_____
County:	_____
Rent Increase	<input type="checkbox"/>
Rent Amount \$	_____

Owner Name: _____

Owner Phone: _____

Rental Unit Address: _____

City, State, Zip Code: _____

Please list square footage of the unit: _____ Est. if necessary

Bedroom size of unit _____

Please complete form by marking all appropriate boxes with an "X", and fill in blanks.

Unit Amenities:	X = YES	Quality/Construction of Unit:	X = YES
Central Air Conditioning		Year of Construction:	
Window A/C provided by LL		Complete Renovations, Year:	
Dishwasher			
Disposal		Mobile/Manufactured/Modular Home:	
Range		Single Wide: Year Size:	
Refrigerator		Double Wide: Year Size:	
Washer/Dryer Hook-ups		Mod/Pre-fab: Year Size:	
Washer/Dryer provided			
Basement-finished unfinished		Type of Unit:	
# of Baths: Full Half		Single Family Home	
Blinds/Window Coverings		Duplex/Semi-detached	
Brick or Stone construction		Townhouse/Rowhouse	
Partial brick or stone construction		Low Rise Apartment/Garden/Walkup	
Ceiling Fans		Highrise/Elevator	
Ceramic tile		Manufactured Home	
Den or bonus room			
Carpet		Location/Convenience:	
Hardwood Floors		Residential	
Fireplace		Industrial/Business Area/high density	
Laundry facility: multifamily property		Location/Convenience:	
Other Amenities*		City Limits	
Garage: 1 Car 2 Car		Rural	
Parking		Suburban	
Patio/Deck			
Playground: multi-family property		Services:	
Storage Building Available		On-site Maintenance	
Yard-fenced		On-site Management	
		Lawn Care Included	

*Please note any special features that might help us compare this unit and its rent to other units in the area

Should you have any questions about this form, contact the Rental Housing Coordinator/Specialist

Owner Signature _____ Date: _____

*****FOR OFFICE USE ONLY*****

Inspectors Comments: _____

Property Rating: Above Avg Average Marginal Poor

I am certifying to the best of my ability that the above information as indicated by the property owner is correct

Inspector _____ Date _____

I have reviewed all information above and have addressed any discrepancies as required.