**COC FORM 10 Rent Reasonableness Checklist and FMR Certification**

|  |  |  |
| --- | --- | --- |
| **Head of Household Name:** |  | **Date:**  |
| **Please check:** | The two comparable units have the same number of bedrooms | [ ]  YES [ ]  NO |

|  |  |  |  |
| --- | --- | --- | --- |
| **General** | **Subject Unit** | **Comparable #1** | **Comparable #2** |
| Name of complex |       |       |       |
| Address |       |       |       |
| City |       |       |       |
| Zip |       |       |       |
| Property Owner |       |       |       |
| **Type of Unit** |
| Detached House |       |       |       |
| Duplex |       |       |       |
| -3 Stories |       |       |       |
| + 4 Stories |       |       |       |
|  |  |  |  |
| **Year Built** |       |       |       |
|  |  |  |  |
| **Number of Bedrooms** |       |       |       |
| **Condition** |       |       |       |
| Excellent |       |       |       |
| Good |       |       |       |
| Fair |       |       |       |
|  |  |  |  |
| **Monthly Rental Amount** |       |       |       |
| **Utilities (Mark which are included with the rent/Landlord Pays)** |
| Lights |       |       |       |
| Heat |       |       |       |
| Water |       |       |       |
| Sewer |       |       |       |
| Trash |       |       |       |
| Maintenance |       |       |       |
| Other |       |       |       |
| **Amenities** |  |  |  |
| Laundry |       |       |       |
| Pool |       |       |       |
| Cable TV |       |       |       |
| Fireplace |       |       |       |
| Other |       |       |       |
|  |  |  |  |

 [ ]  Rent of Subject Unit does not exceed the rent of the Comparable Units

 [ ]  This form was NOT completed by landlord or property owner

|  |  |
| --- | --- |
| **Current FMR:**  | **Subject Unit Gross Rent:**  |

[ ]  The rent for the subject unit meets HUD’s rent reasonableness and FMR Standards

**COC Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**