



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



Rent Reasonableness Survey and Checklist

Street Address or Unit Number: _____

City: _____ County: _____

Unit Type: _____ Number of Bedrooms: _____

Published Fair Market Rents for this type unit is: \$ _____

Contract Rent: \$ _____ + Utilities \$ _____ = Gross Rent \$ _____

Does it meet HQS? _____ Square Feet: _____ Year Built: _____

Location (accessibility to services): _____

Management and maintenance services present (e.g., on-site maintenance, after-hours number, etc.)

Facilities (e.g., laundry room): _____

Amenities (e.g., pool, Bar BQ, etc.): _____

Comments: _____

The following are rent-comparable:

	Unit #1	Unit #2	Unit #3
Address			
Unit type			
Number of bedrooms			
Fair Market Rents			
Allowance for tenant-supplied utilities			
Gross rent (contract rent + utilities)			
Meets HQS			
Square Feet			



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	Unit #1	Unit #2	Unit #3
Year Built			
Location: accessibility to services (list)			
Mgt. and maintenance services: (list)			
Facilities: (list)			
Amenities: (list)			
Comments			

In accordance with 24 CFR 882.106, I certify that based on information available to this office, the requested Contract Rent // is // is not reasonable.

Name of Processing Center

By: _____
(Signature)

(Print Name) (Title) (Date)