**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:**