Rent Reasonableness Certification Form

Special Needs Assistance Programs (COC, ESG)

Idaho Housing and Finance Association

Landlord Information		Proposed Unit Overview	
Owner/Manager:		Participant Name or Identifier:	
Full Address:		Full Unit Address:	
Phone:		Type of Unit:	
E-mail (optional):		Square Footage:	
Website (optional):		Number of Bedrooms:	
		Year Built:	

Proposed Unit Details			
Amenities		**Management & Maintenance**	
No. of baths:		On-Site Manager (Y/N):	
Dishwasher:		Owner-Supplied Utilities:	
W/D Hookup:			
Refrigerator:		Tenant-Supplied Utilities:	
Range/Oven:			
A/C:			
Heat:			

Rent Reasonableness Comparison					
	Proposed Unit	Comparable #1	Comparable #2	Comparable #3	Average of Comparables
Reference #	N/A				
Contract Rent	$	$	$	$	$

Special Details: _____

☐ I understand, by submitting this form, that reimbursement for rent for the proposed unit is not guaranteed. If the comparable units submitted are too dissimilar to the proposed unit, the rent will not be considered reasonable and will not be reimbursed.

_____ _____

Completed By (Type Name) Date

_____

Agency

Comparable Unit Details Form

Special Needs Assistance Programs (COC, ESG)

Idaho Housing and Finance Association

Landlord Information		**Unit Overview**	
Owner/Manager:		Full Address:	
Full Address:			
		Number of Bedrooms:	
Phone:		Square Footage:	
E-mail (optional):		Type of Unit:	
Website (optional):		Year Built:	
		Contract Rent:	

Unit Details

Amenities		**Management & Maintenance**	
No. of baths:		On-Site Manager (Y/N):	
Dishwasher:		Owner-Supplied Utilities:	
W/D Hookup:			
Refrigerator:		Tenant-Supplied Utilities:	
Range/Oven:			
A/C:			
Heat:			

Rent Change Information

Rent Amount: _____ Date: _____ Initials: _____

Rent Amount:		Date:		Initials:	
Rent Amount:		Date:		Initials:	
Rent Amount:		Date:		Initials:	
Rent Amount:		Date:		Initials:	

Completed By (Type Name)

Date

Rent Reasonableness Certification Form

Special Needs Assistance Programs

Idaho Housing and Finance Association

Required Fields	Proposed Unit	Comp #1	Comp #2	Comp #3
Address				
Number of Bedrooms				
Square Footage				
Type of Unit				
Utilities included in rent				

Optional Fields
(at least 2 fields must be completed for all units)

Number of Bathrooms				
Year Built				
Handicap Accessible?				
Other Amenities				

Required Fields				
Base Unit Rent (on lease)				
Utility Allowance				
Gross Rent				

Source:			

Average Comp Gross Rent: _____

Proposed Unit Rent Must Not Exceed $50 over the Average Comp Gross Rent

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_____ _____

Completed By (Type Name) Date

_____

Agency