

RENT REASONABLENESS – ALAMEDA COUNTY

Date: ___/___/_____

Staff Completing: _____

Program: _____

Program Type: Master Lease (ML) Tenant-Based Rental Assistance (TBRA)

If TBRA, please provide the Head of Household Name: _____



Please complete all portions of this form. If there is no information on a given characteristic, please write "N/A".

	Proposed Unit	Comparison Unit 1	Comparison Unit 2	Comparison Unit 3
ADDRESS				
NUMBER OF BEDROOMS				
SQUARE FEET				
TYPE OF UNIT/ CONSTRUCTION				
HOUSING CONDITION				
LOCATION/ACCESSIBILITY				
AMENITIES UNIT / SIZE / NEIGHBORHOOD				
AGE IN YEARS				
UTILITIES (INCLUDED)				
UNIT RENT UTILITY ALLOWANCE GROSS RENT				
HANDICAP ACCESSIBLE?				

PAYMENT STANDARD \$ _____ (AVERAGE OF THREE COMPARISON UNITS LISTED)

Alameda County Fair Market Rents (FMR) – Please circle the FMR for the Proposed Unit Size

SRO	Studio	1-bedroom	2-bedroom	3-bedroom	4-bedroom
\$776	\$1,035	\$1,255	\$1,578	\$2,204	\$2,704

FMR information current as of 10/17/2013

$$\text{PROPOSED CONTRACT RENT} + \text{UTILITY ALLOWANCE} = \text{PROPOSED GROSS RENT}$$

Note: In order for the unit rent to be determined as Reasonable the **Proposed Gross Rent** cannot exceed the **Payment Standard** nor the **FMR** for the unit size by more than \$50 unless a request for reasonable accommodation has been approved for the household.

By signing below I certify that, based upon a comparison with rents for comparable units, I have determined the proposed rent for the unit [] is [] is not reasonable.

Print Staff Name: _____

Staff Signature: _____

Date: _____