# Rent Standard and Rent Reasonableness Certification 

Form H
Must be completed before rental assistance starts \& annual eligibility recertifications. Must be completed if household residency, composition, or rent have changed.
The gross rent of TBRA- or TSH-assisted units cannot exceed the rent standard. The gross rent must also be reasonable in relation to rents for comparable unassisted units in the private market and must not be in excess of rents charged by the owner for comparable unassisted units. Complete this form for each proposed unit.
Client Name and/or ID Number:
Housing Case Manager Name:
1 Is this a TBRA or TSH certification?
2 Is this a shared housing arrangement?
3 What county is the proposed unit located in?
4 How many bedrooms are in the proposed unit?
5 How many bedrooms will the household use?
6 How many household members are in the household?
a Per the (_) Occupancy Standards, the household qualifies for the following number of bedrooms:
b Will you grant an exception to the (_) Occupancy Standards?
c Based on your assessment of the household's needs, how many bedrooms will you authorize?
$\quad \quad$ Rent Standard
7 What is the rent standard for a ( $\_$)-bedroom unit in (_) County?
8 What is the rent standard for a ( $\_$)-bedroom unit in (_) County?
a What is the fiscal year of the rent standard table?
b Are you using Fair Market Rent (FMR) as the rent standard or a community-wide exception rent standard?
c Will you increase the rent standard by up to 10 percent?
Rent Reasonableness

9 Assess the proposed unit.
a Address:
b What is the total unit rent for the proposed unit?
i What is the household's share of the total unit rent for the proposed unit?
ii What is the roommate's share of the total unit rent for the proposed unit?
c Will the household require a utility allowance?
d What is the applicable (_)-bedroom utility allowance for the proposed unit?
10 Compare the proposed unit to other similar (_)-bedroom units.
a Comparison unit 1
i Address:
ii What is the total unit rent for comparison unit 1?
iii Would the household require a utility allowance?
iv What is the applicable (_)-bedroom utility allowance for comparison unit 1?
b Comparison unit 2
i Address:
ii What is the total unit rent for comparison unit 2?
iii Would the household require a utility allowance?
iv What is the applicable (_)-bedroom utility allowance for comparison unit 2?

## Notes

Austin
Public
Health

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Rent Standard

## Rent Standard

Attach the Fair Market Rent (FMR) table used. *Alternatively, Project Sponsors may use a HUD-approved community-wide exception rent standard if one is locally available. If using an exception rent standard, attach the exception rent standard table per the household's exception period and area. ${ }^{* *}$ On a unit by unit basis, Project Sponsors may increase the rent standard by up to $10 \%$ for up to $20 \%$ of the units that receive TBRA or TSH services. If using $110 \%$, enter this value instead.

| Rent Reasonableness |  |  |  |
| :---: | :---: | :---: | :---: |
| Criteria | Proposed Unit | Comparison Unit 1 | Comparison Unit 2 |
| Address <br> Attach comparison unit values |  |  |  |
| Number of Bedrooms |  |  |  |
| Square Feet |  |  |  |
| Type of Unit/Construction |  |  |  |
| Housing Condition |  |  |  |
| Location/Accessibility |  |  |  |
| Amenities <br> Unit, Property, Community |  |  |  |
| Age in Years |  |  |  |
| Utilities Paid by Owner <br> Select the types paid by the owner or another source | Heating <br> Cooking <br> Other Electric <br> Air Conditioning <br> Water heating <br> Water <br> Sewer <br> Trash Collection <br> Other | $\square$ Heating <br> $\square$ Cooking <br> $\square$ Other Electric <br> $\square$ Air Conditioning <br> $\square$ Water heating <br> $\square$ Water <br> $\square$ Sewer <br> $\square$ Trash Collection <br> $\square$ Other | $\square$ Heating <br> $\square$ Cooking <br> $\square$ Other Electric <br> $\square$ Air Conditioning <br> $\square$ Water heating <br> $\square$ Water <br> $\square$ Sewer <br> $\square$ Trash Collection <br> $\square$ Other |
| Utilities Paid by Household | $\square$ Heating | $\square$ Heating | $\square$ Heating |
| Select the types paid by the household and enter a monthly allowance for each | Cooking <br> Other Electric <br> Air Conditioning <br> Water heating <br> Water <br> Sewer <br> Trash Collection <br> Range/Microwave <br> Refrigerator <br> Other | $\square$ Cooking <br> $\square$ Other Electric <br> $\square$ Air Conditioning <br> $\square$ Water heating <br> $\square$ Water <br> $\square$ Sewer <br> $\square$ Trash Collection <br> $\square$ Range/Microwave <br> $\square$ Refrigerator <br> $\square$ Other | $\square$ Cooking <br> $\square$ Other Electric <br> $\square$ Air Conditioning <br> $\square$ Water heating <br> $\square$ Water <br> $\square$ Sewer <br> $\square$ Trash Collection <br> $\square$ Range/Microwave <br> $\square$ Refrigerator <br> $\square$ Other |
| Unit Rent |  |  |  |
| Utility Allowance <br> Attach utility schedule |  |  |  |
| Gross Rent <br> Unit Rent + Utility Allowance |  |  |  |

Average gross rent of comparison units (Sum of comparison units $1 \& 2$ divided by 2 )

## Certification

## Enter the lower of the rent standard or reasonable rent for the unit

This unit has not been approved. Complete the screening and certification.

