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:	Date:
Housing Case Manager Name:	
1 Is this a TBRA or TSH certification?	
2 Is this a shared housing arrangement?	<u>-</u>
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?	
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	ard?
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	



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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 R	easonableness	
Criteria	Proposed Unit	Comparison Unit 1	Comparison Unit 2
Address			
Attach comparison unit values			
Number of Bedrooms			
Square Feet			
Type of Unit/Construction			
Housing Condition			
Location/Accessibility			
Location/Accessibility			
Amenities			
Unit, Property, Community			
Age in Years			
Age III Tears			
Utilities Paid by Owner	Heating	Heating	Heating
Select the types paid by the owner or	Cooking	Cooking	Cooking
another source	Other Electric	Other Electric	Other Electric
	Air Conditioning	Air Conditioning	Air Conditioning
	☐ Water heating	☐ Water heating	☐ Water heating
	Water	Water	Water
	Sewer	Sewer	Sewer
	Trash Collection	Trash Collection	Trash Collection
	Other	Other	Other
Utilities Paid by Household	Heating	Heating	Heating
Select the <u>types</u> paid by the household	Cooking	Cooking	Cooking
and enter a monthly allowance for each	Other Electric	Other Electric	Other Electric
	Air Conditioning	Air Conditioning	Air Conditioning
	Water heating	Water heating	Water heating
	Water	Water	Water
	Sewer	Sewer	Sewer
	Trash Collection	Trash Collection	Trash Collection
	Range/Microwave	Range/Microwave	Range/Microwave
	Refrigerator Other	Refrigerator Other	Refrigerator Other
Unit Rent		Guici	C Other
Utility Allowance			
Attach utility schedule			
Gross Rent			
Unit Rent + Utility Allowance		I	
Average gross rent of compariso	n units (Sum of comparison uni	ts 1 & 2 divided by 2)	
	Ce	ertification	
Enter the lower of the rent stand	dard or reasonable rent for the	unit	
This unit has not been approved.	Complete the screening and ce	rtification.	

