

**SECTION 8 RENT COMPARABLE DATA SURVEY FORM  
SUBJECT PROPERTY (YOUR PROPERTY)**

**UNIT TYPE:**  
 \_\_\_ Detached Single Family  
 \_\_\_ Duplex/Triplex/Quadrplex  
 \_\_\_ Townhouse/Condominium  
 \_\_\_ Apartment  
 \_\_\_ Other Housing Type:  
 Specify: \_\_\_\_\_

**# OF BEDROOMS:** \_\_\_\_\_ **# OF BATHROOMS:** \_\_\_\_\_  
 Square Footage: \_\_\_\_\_ Year Built: \_\_\_\_\_  
 Requested Contract Rent: \_\_\_\_\_ Security Deposit: \_\_\_\_\_

**AMENITIES:**  
 Central Air                       Central Heat  
 Garage/Carport               Finished Basement  
 Fireplace                          Deck/patio/fenced Yard

Please list any other Amenities and/or services that you feel adds value to your requested rent amount:  
 \_\_\_\_\_  
 \_\_\_\_\_

AGENT/OWNER NAME: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 UNIT ADDRESS: \_\_\_\_\_  
 TENANT NAME: \_\_\_\_\_

**UTILITIES PAID BY TENANT (NOT INCLUDED IN RENT) (PLEASE CHECK ALL THAT APPLIES):**

**Heating:**     Natural Gas     Bottle Gas     Oil or Electric     Coal or Other  
**Cooking:**     Natural Gas     Bottle Gas     Oil or Electric     Coal or Other  
**Water Heating:**     Natural Gas     Bottle Gas     Oil or Electric     Coal or Other  
**1. Does tenant pay own utility bill**  Yes  No **2. Does tenant pay the following:**  Water  Sewer  
 Trash  Air Conditioning  Refrigerator  Range  Other (specify): \_\_\_\_\_

List utilities which the rent includes: \_\_\_\_\_

Explain any substantial differences between the rent requested and the comparables shown below, (i.e. recently completed construction job, central air conditioning, major updates to the unit etc.): \_\_\_\_\_

**The following are rent comparables: All comparables used must be within a 2-3 mile radius. If the subject property is unique to the area then a 5 mile radius is acceptable. However, under no circumstances will we accept a comparable property beyond a 5 mile radius. Comparables must be the same housing type as subject property.**

	Comparable #1	Comparable #2	Comparable #3
Address:			
Square Footage:			
Number of Bedrooms:			
Number of Bathrooms:			
Year Built:			
Location: Accessibility (Medical facilities within vicinity):			
Unit Type:			
Please rate the property as Good, Average Fair or Poor:			
Amenities (list):			
Facilities (shopping, schools, transportation):			
Management and Maintenance Services:			
Contract Rent (Including Utilities, if known): (You must include price):			
Handicap Accessible Unit:			
Contact Person:			
Telephone:			
Company:			
Other:			

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Office Use Only: Certified by: \_\_\_\_\_ Date: \_\_\_\_\_