

Rent Comparable Form

DIRECTIONS: Please enter the requested information for the proposed unit below. If you would like to submit additional information on three unassisted comparable units that support your requested rent, please complete the optional columns. HPD will only consider information on units within the immediate neighborhood and rental market.

Unit Information	REQUIRED Proposed Unit	Unit #1 (optional)	Unit#2 (optional)	Unit #3 (optional)
Unit Address/ Apt. # (specific address required)				
Square feet				
No. of bedrooms				
No. of bathrooms				
Unit Condition 1. Very good = New or full renovation (must include kitchen & bath) in the past 5 years 2. Good = Well maintained or Partial renovation (upgrades to 1+ room(s) in the past 5 years 3. Average = No work in the past 5 years	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Don't know	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Don't know	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Don't know
Utilities included in rent and the Source For example: heat/oil, hot water/oil, cooking/gas				
Balcony (Y/N)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Amenities	<input type="checkbox"/> Wheel chair accessible <input type="checkbox"/> Onsite laundry <input type="checkbox"/> Onsite super	<input type="checkbox"/> Wheel chair accessible <input type="checkbox"/> Onsite laundry <input type="checkbox"/> Onsite super	<input type="checkbox"/> Wheel chair accessible <input type="checkbox"/> Onsite laundry <input type="checkbox"/> Onsite super	<input type="checkbox"/> Wheel chair accessible <input type="checkbox"/> Onsite laundry <input type="checkbox"/> Onsite super
Other amenities, if any				
Monthly rent	\$	\$	\$	\$

LANDLORD CERTIFICATION AND ACKNOWLEDGEMENT: Please sign below.

I certify that I have provided information on comparable rental units within the immediate neighborhood and rental market, which is true and correct to the best of my knowledge, for HPD's consideration as comparable units. Further, I understand that I may not charge rent for a Section 8 assisted unit that is in excess of rents currently being charged for comparable unassisted units within my building.

 Signature

 Date