Rent Reasonableness Checklist and Certification

**Ohio BoSCoC Homeless Assistance Projects**

# Guidance

Rental units can only be assisted by Ohio BoSCoC homeless assistance projects and funds if the rent being charged is reasonable in relation to rents being charged for comparable unassisted units, taking into account the following:

* Location
* Quality
* Unit size
* Amenities
* Unit type
* Facilities
* Management and maintenance of each unit

Furthermore, HCRP-funded providers may not exceed FMR amounts when providing rental assistance. CoC Program-funded providers may provide rental assistance that exceeds applicable FMR, as long as they can demonstrate that the rent is reasonable.

# Instructions

Provide information about each ‘Rental Unit Information’ item below for the rental unit proposed for assistance as well as for three comparison units in the following Rent Reasonableness Checklist. Then complete the Rent Reasonableness Certification form, indicating if the unit rent is considered reasonable or not. A copy of the completed worksheet along with any additional documentation should be kept in program participants’ files.

|  |
| --- |
| Basic Information |
| Client Name |  | HMIS Client ID |  |
| Street Address |  | Unit Number |  |
| City |  | State and ZIP |  |
| Evaluator Signature |  | Date |  |

# Rent Reasonableness Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rental Unit Information | ProposedAssisted Unit | Comparison Unit 1 | Comparison Unit 2 | Comparison Unit 3 |
| Address |  |  |  |  |
| Number of Bedrooms |  |  |  |  |
| Square Feet |  |  |  |  |
| Type of Unit/Construction |  |  |  |  |
| Housing Condition |  |  |  |  |
| Location/Accessibility |  |  |  |  |
| UnitAmenities |  |  |  |  |
| Site Amenities |  |  |  |  |
| Neighborhood Amenities |  |  |  |  |
| Age in Years |  |  |  |  |
| Utilities (type) |  |  |  |  |
| Unit Rent +Utility Allowance = Gross Rent |  |  |  |  |
| Handicap Accessible | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |

# Rent Reasonableness Certification Statement

### Rent Reasonableness

Based upon a comparison with comparable units, I have determined that the proposed rent for the unit

☐ is reasonable

☐ is not reasonable

### Compliance with Fair Market Rent Amount (FMR)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Proposed Contract Rent | + | Utility Allowance | = | Proposed Gross Rent |
|  |  |  |

Homeless Crisis Response Program (HCRP) providers:

☐ Approved rent does not exceed applicable FMR amount

Continuum of Care Program providers:

☐ FMR amount is N/A

|  |  |
| --- | --- |
| Program Staff Name |  |
| Program Staff Signature |  | Date |  |