|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Form H: Rent Standard and Rent Reasonableness Certification** | | | | | | | | | | | | | | | | |
| ***Must be completed before TBRA or TSH services start and if there has been a change in residency or rent.*** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| The gross rent of TBRA- or TSH-assisted units cannot exceed the rent standard for the unit size per the household’s county of residence. 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: | | |  | | | | | | | | | | | | | |
|  | | | *First, Middle, Last* | | | | | | | | | | | | | |
| Is this a TBRA or TSH certification? | | | | | | | | | |  | TBRA | | |  | | TSH |
|  | | |  | | |  | | | |  | | | | | | |
| Is this a shared housing arrangement? | | | | | | | | | |  | Yes | | |  | | No |
| *If yes, see the LDH HOPWA Program Manual, Appendix H for shared housing arrangement instructions.* | | | | | | | | | |  |  | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| **Rent Standard** | | | | | | | | | | | | | | | | |
| [**Fair Market Rent**](http://www.huduser.org/portal/datasets/fmr.html) **for the proposed unit size per the household’s county of residence\*** | | | | | | | | | | **$** |  | | | | | |
| *Attach the Fair Market Rent (FMR) table used \*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.* | | | | | | | | | |  | *100%* | | |  | | *110%* |
|  | | | | | | | | | | | | | | | | |
| **Rent Reasonableness** | | | | | | | | | | | | | | | | |
| **Criteria** | | | **Proposed Unit** | | | **Comparison Unit 1** | | | | **Comparison Unit 2** | | | | | | |
| **Address**  *Attach documentation of comparison unit values.* | | |  | | |  | | | |  | | | | | | |
| **Number of Bedrooms**  *See the LDH HOPWA Program Manual for Occupancy Standards.* | | |  | | |  | | | |  | | | | | | |
| **Square Feet** | | |  | | |  | | | |  | | | | | | |
| **Type of Unit/Construction** | | |  | | |  | | | |  | | | | | | |
| **Housing Condition** | | |  | | |  | | | |  | | | | | | |
| **Location/Accessibility** | | |  | | |  | | | |  | | | | | | |
| **Amenities** | *Unit* | |  | | |  | | | |  | | | | | | |
| *Property* | |
| *Community* | |
| **Age in Years** | | |  | | |  | | | |  | | | | | | |
| **Utilities**  *See the proposed unit lease for types included in the rent.* | | |  | | |  | | | |  | | | | | | |
| **Unit Rent** | | | $ | |  | $ |  | | | $ | |  | | | | |
| **Utility Allowance**  *Attach utility schedule. If all bills paid, enter $0.00. If not, enter allowances.* | | | $ | |  | $ |  | | | $ | |  | | | | |
| **Gross Rent**  *Unit Rent + Utility Allowance* | | | **$** | |  | **$** |  | | | **$** | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| **Average gross rent of comparison units** (Sum of comparison units 1 & 2 divided by 2) | | | | | | | | | | **$** | |  | | | | |
| *Do not include gross rent of the proposed unit.* | | | | | | | | | |  | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| **Certification** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Enter the lower of the rent standard or reasonable rent for the unit** | | | | | | | | | | **$** | |  | | | | |
|  | | | | | | | | | |  | |  | | | | |
| The gross rent of the proposed unit must be at or below the lower of the rent standard or reasonable rent. I have determined that: | | | | | | | | | | | | | | | | |
|  | |  | | The proposed unit is approved | | | |  | The proposed unit is **not** approved | | | | | | | |
|  | |  | | | | | | | | | | |  | |  | |
| Case Manager Name: | |  | | | | | | | | | | |  | |  | |
|  | |  | | | | | | | | | | |  | |  | |
| Case Manager Signature: | |  | | | | | | | | | | | Date: | |  | |