



MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM
RENT REASONABLENESS CHECKLIST AND CERTIFICATION

To verify that the rent for the unit you have selected is reasonable, find the address of another unit in the neighborhood that is similar to the unit you have chosen. It must be the same type of unit and have the same number of bedrooms. The rent must be the same or more than the rent for the unit you have selected. Some ideas for places to look for comparable units include the local paper, the owner, your friends, and local real estate agents.

	Selected Unit	Unit #1	Unit #2	Unit #3
Address of Unit:				
Type of Unit/Construction: (Circle applicable type)	Apt. 1-4 Floors Apt. 5+Floors Duplex/Townhouse Manufactured Home Single Family Other: _____	Apt. 1-4 Floors Apt. 5+Floors Duplex/Townhouse Manufactured Home Single Family Other: _____	Apt. 1-4 Floors Apt. 5+Floors Duplex/Townhouse Manufactured Home Single Family Other: _____	Apt. 1-4 Floors Apt. 5+Floors Duplex/Townhouse Manufactured Home Single Family Other: _____
Number of Bedrooms:				
Approximate Square Footage:				
General Housing Condition:				
Location/ Accessibility (i.e., near schools, bus, park, etc.):				
Amenities: Circle all that apply	Air Conditioner Garbage Disposal Dishwasher Washer/Dryer Carpet Recreational Facilities. Storage Areas Parking Maintenance Service Housing Services Other: _____	Air Conditioner Garbage Disposal Dishwasher Washer/Dryer Carpet Recreational Facilities. Storage Areas Parking Maintenance Service Housing Services Other: _____	Air Conditioner Garbage Disposal Dishwasher Washer/Dryer Carpet Recreational Facilities. Storage Areas Parking Maintenance Service Housing Services Other: _____	Air Conditioner Garbage Disposal Dishwasher Washer/Dryer Carpet Recreational Facilities. Storage Areas Parking Maintenance Service Housing Services Other: _____
Approximate year built:				
Highest Cost Utility included in rent:	Yes No	Yes No	Yes No	Yes No

Monthly Rental Rate:				
Handicap Accessible:	Yes No	Yes No	Yes No	Yes No

CERTIFICATION:

A. Comparison with Payment Standard

Proposed Contract Rent

Applicable Payment Standard **(For Comparison Only)** \$_____

B. Rent Reasonableness

Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit [] is [] is not reasonable.

Name:	
Signature:	Date:
Title:	
Agency:	