

## **PROCEDURES FOR RENT AND COMPARABILITY**

To implement the “Rent Reasonableness” and “Comparability” section of the Section 8 Administration Plan (Section 9B and 9C respectively) the following procedures will be in effect:

### **General Guidelines**

1. Comparable rents used to determine “rent reasonableness” must be current rents for market rate rentals.
2. Comparable rents used to determine “rent reasonableness” must be for similar rental units. Units will be considered similar when the numbers of bedrooms and bathrooms are the same, basic amenities are similar or equivalent, and square footage is within 15% of a comparable unit.
3. Comparable rents used to determine “rent reasonableness: must be for units within a one-half (1/2) mile radius of the subject property. If there are no comparable units within the half- mile radius, units within one (1) mile radius may be used, *if the Housing Coordinator determines that such units are in a neighborhood that is essentially similar.*

### **Specific Procedures**

- A. Housing Specialist will log on to rent –o –meter enter Information, renter information, and we will use the average amount.
- B. The Housing Specialist will communicate to the owner/manager of the unit whether the amount of the rent he/she is requesting is within the reasonable rent level determined by the Housing Authority of the County of Kern (HACK). If requested, information on units used as comparables may be shared with the owner/ manager.

## **PROCEDURES FOR RENT COMPARABILITY**

### **Opportunity for Review of Reasonable Rent Level, When Owner/ Manager Disagrees**

1. When an owner/manager of property disagrees with the reasonable rent level set by HACK, they may submit a request for a review. The Request must be submitted, in writing, to the Housing Coordinator, within ten (10) days of the determination of reasonable rent by HACK.
2. Upon receipt of a request for review, the owner/ manager will be given the opportunity to supply other comparables for the unit in question. An owner/ manager may provide up to three (3) comparables, but must provide them within five (5) calendar days of the date of the review request. Comparables submitted by an owner/ manager will be considered along with the comparables used by HACK, and three that are most like the subject unit will be used to, again, compute an average, which will be the reasonable rent level. “Most alike” in this context will be determined based on physical nearness to the subject unit (location) and similarity in amenities and condition.
3. The owner/manager will be notified in writing of the decision regarding the reasonable rent level, within ten (10) days of the date of receipt of owner’s comparables.
4. The RFTA, Form HUD-52517 (06/2003) was revised to add information from owners of multifamily properties on the rents charged for three (3) recent rentals of comparable unassisted units in the same complex. HACK can use copies of three (3) current leases for unassisted rentals in the same complex as documentation of rent reasonableness. Reference: PIH 2003-12, form HUD-52517 (06/2003).

**CERTIFICATION OF RENT REASONABLENESS  
SECTION 8 DEPARTMENT**

Register Tape  
(Staple Here)

ZONE _____
DATE _____
INSPECTOR _____

**SECTION I**

S8 Unit#: \_\_\_\_\_ Client (Owner) Name \_\_\_\_\_  
 Unit Address \_\_\_\_\_ Zip \_\_\_\_\_  
 CENSUS TRACK # \_\_\_\_\_ Sq. Footage \_\_\_\_\_  
 Age of Bldg (Est. In Years) \_\_\_\_\_ # of Bdrm (s) \_\_\_\_\_ # of Bath (s) \_\_\_\_\_  
 Unit Type  
 SingleFamDetached     Duplex/2     Townhouse     Manufactured Home  
 Mobile     SRO     Apt  
 OTHER (describe) \_\_\_\_\_  
 Rent Requested \$ \_\_\_\_\_ Rent Approved \$ \_\_\_\_\_ Approved By: \_\_\_\_\_  
 INITIALS \_\_\_\_\_  
 Access to:     Transportation     Services (stores, medical facilities, schools, etc.)  
 Physical Condition of Neighborhood:     Excellent/New     Good     Fair     Poor  
 Quality:     New Construction/Complete Renovation     Well Maintained/Partially Renovated  
 Meets Minimal HQS  
 Utilities Included:     E     G     W     HW    Handicap Accessible:    Y    N

Amenities/Services/Facilities: AC SEC EC GAR CAR FPL LR DW REF STV PAT SP CP WC EL RR GRD  
 COMMENTS

	AC	Air Conditioning	LR	Laundry Room	CP	Carport/Off Street Parking
	SEC	Security	DW	Dish Washer	WC	Window Covering
	EC	Evaporated Cooler	REF	Refrigerator	EL	Elevator
	GAR	Garage	STV	Stove	RR	Recreation Room
	CAR	Carpet	PAT	Patio	GRD	Gardner
	FPL	Fireplace	SP	Swimming Pool		

**SECTION II**

**COMPARABLES**

#1- Estimated Distance to S8 unit:                      #2- Estimated Distance to S8 unit:                      #3- Estimated Distance to S8 unit:

Name: _____ Phone: _____ Address: _____ # of Bdrm(s) _____ #of Bath(s) _____	Name: _____ Phone: _____ Address: _____ # of Bdrm(s) _____ #of Bath(s) _____	Name: _____ Phone: _____ Address: _____ # of Bdrm(s) _____ #of Bath(s) _____
Zone: _____ Sq. Footage _____ Age of Bldg: _____ Unit Type: <input type="checkbox"/> Apartments <input type="checkbox"/> Multi Unit <input type="checkbox"/> House <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Townhouse	Zone: _____ Sq. Footage _____ Age of Bldg: _____ Unit Type: <input type="checkbox"/> Apartments <input type="checkbox"/> Multi Unit <input type="checkbox"/> House <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Townhouse	Zone: _____ Sq. Footage _____ Age of Bldg: _____ Unit Type: <input type="checkbox"/> Apartments <input type="checkbox"/> Multi Unit <input type="checkbox"/> House <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Townhouse
Rent \$ _____ + Utilities _____	Rent \$ _____ + Utilities _____	Rent \$ _____ + Utilities _____
Access to: <input type="checkbox"/> Transportation <input type="checkbox"/> Services (stores, medical, facilities, schools, etc.)	Access to: <input type="checkbox"/> Transportation <input type="checkbox"/> Services (stores, medical, facilities, schools, etc.)	Access to: <input type="checkbox"/> Transportation <input type="checkbox"/> Services (stores, medical, facilities, schools, etc.)
Physical Condition of Neighborhood: <input type="checkbox"/> Excellent/New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Physical Condition of Neighborhood: <input type="checkbox"/> Excellent/New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Physical Condition of Neighborhood: <input type="checkbox"/> Excellent/New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Quality: <input type="checkbox"/> Meets Minimal HQS <input type="checkbox"/> Well Maintained/ Partially Renovated <input type="checkbox"/> New Construction/ Complete Renovation	Quality: <input type="checkbox"/> Meets Minimal HQS <input type="checkbox"/> Well Maintained/ Partially Renovated <input type="checkbox"/> New Construction/ Complete Renovation	Quality: <input type="checkbox"/> Meets Minimal HQS <input type="checkbox"/> Well Maintained/ Partially Renovated <input type="checkbox"/> New Construction/ Complete Renovation
Handicap Accessible:    Y    N Utilities Included: <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> W <input type="checkbox"/> HW	Handicap Accessible:    Y    N Utilities Included: <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> W <input type="checkbox"/> HW	Handicap Accessible:    Y    N Utilities Included: <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> W <input type="checkbox"/> HW
Amenities/Services/Facilities: AC SEC EC GAR CAR FPL LR DW REF STV PAT SP CP WC EL RR GRD	Amenities/Services/Facilities: AC SEC EC GAR CAR FPL LR DW REF STV PAT SP CP WC EL RR GRD	Amenities/Services/Facilities: AC SEC EC GAR CAR FPL LR DW REF STV PAT SP CP WC EL RR GRD