Rent Reasonable Form

Fields with an * are required.

Tenant Information:

*First Name: _____ *Last Name: _____

*Primary Phone: _____ Alternative Phone: _____

Voucher #/Refrence #: _____

*Housing Authority Name: _____

*Unit Location:

*Street: _____ Unit #: _____

*City: _____ *State: _____ *Zip: _____ County: _____

Property Information:

*Monthly Rent: $ _____ *Bedrooms: _____ *Bath: _____ Square Footage: _____ Year Built: _____

*Property Type: (check one)

☐ Apartment ☐ Condo Apartment ☐ Condo Townhouse ☐ Single Family House ☐ Duplex
☐ Triplex ☐ 4plex ☐ Townhouse/Villa ☐ Mobile Home ☐ Row House ☐ High Rise

Quality Condition: ☐ Poor ☐ Fair ☐ Average ☐ Above Average ☐ Excellent ☐ Unknown

Applicable Utility Schedule: _____

Features and Amenities:

Indoor	☐ Ceiling Fans ☐ Cable Included
Laundry Type	☐ W/D Hook-ups ☐ Washer/Dryer ☐ Washer ☐ Dryer ☐ Onsite Laundry
Kitchen	☐ Dishwasher ☐ Garbage Disposal
Outdoor	☐ Swimming Pool ☐ Gated Community
Parking	☐ 1 Car Carport ☐ 2 Car Carport ☐ Car Garage ☐ 2 Car Garage ☐ 3 Car Garage ☐ None ☐ Unknown
Maintenance	☐ Lawn Care Included ☐ Pest Control Included
Exterior	☐ Balcony