



## Rent Reasonableness Data Form (RRDF)

Owner or managing agent must complete at time of initial lease-up and at any request for rent increase.

**Date of Completion of Form:** \_\_\_\_\_

Name of Building (if any): \_\_\_\_\_

Address of Unit/Building: \_\_\_\_\_  
\_\_\_\_\_

**Building Type:**

High-rise (9+ stories): \_\_\_\_\_ Elevator? \_\_\_yes \_\_\_no

Mid-rise (5-8 stories): \_\_\_\_\_ Elevator? \_\_\_yes \_\_\_no

Garden (1-4 stories): \_\_\_\_\_ Elevator? \_\_\_yes \_\_\_no

Townhouse: \_\_\_\_\_

Duplex: \_\_\_\_\_

Single Family House: \_\_\_\_\_

**Unit Amenities Provided by Owner:**

Central A/C: \_\_\_yes \_\_\_no

Window A/C Units: \_\_\_yes \_\_\_no

Carpeting: \_\_\_yes \_\_\_no

Dishwasher: \_\_\_yes \_\_\_no

Garbage disposal: \_\_\_yes \_\_\_no

Washer/dryer: \_\_\_yes \_\_\_no

W/D connections: \_\_\_yes \_\_\_no

Other: (specify) \_\_\_yes \_\_\_no

(e.g., balcony, patio, private fenced yard)

**Utility Information to Calculate Gross Rent:**

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat					
A/C					
Hot Water					
Cooking					
Electric					
Water/Sewer					
Garbage Pick-up					
Stove					
Refrigerator					

**Building Age:** Year building built: \_\_\_\_\_ Year last major rehab completed: \_\_\_\_\_



**Building Facilities:**

Playground:	<input type="checkbox"/> yes <input type="checkbox"/> no	Laundry Facilities:	<input type="checkbox"/> yes <input type="checkbox"/> no
Covered/Garage Parking:	<input type="checkbox"/> yes <input type="checkbox"/> no	Off-Street Parking:	<input type="checkbox"/> yes <input type="checkbox"/> no
Storage Outside Unit:	<input type="checkbox"/> yes <input type="checkbox"/> no	Community Room:	<input type="checkbox"/> yes <input type="checkbox"/> no
Wireless Internet Included:	<input type="checkbox"/> yes <input type="checkbox"/> no		

**Management and Maintenance Services (if applicable):**

Is there on-site:	Management staff?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Desk service?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Maintenance staff?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Are there other management or maintenance services available, such as a security guard or janitorial services?

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**Other Information:**

Is the unit accessible for persons with mobility impairments? \_\_\_\_\_

Is the unit accessible for persons with vision or hearing impairments? \_\_\_\_\_

Is the unit designed or adapted with other specific features to make it accessible to persons with disabilities?

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Are there differences in the rent charged for units of the same bedroom and bathroom size, depending upon, for example, unit location (balcony vs patio, inside vs outside unit)?

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**Location Features:**

What is the nearest public transportation? \_\_\_\_\_ How many blocks away? \_\_\_\_\_

What is the nearest cross street to the unit? \_\_\_\_\_

Please note any special features of the building, unit, grounds, location or neighborhood that might help the Program Manager/Market Analyst compare this unit and its rents to other units in the area:

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\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date