



Comparable Rent Request

Unit Address: _____

Tenant: _____

HA Name: _____

Account: _____

Proposed Effective Date: _____

Printed name of person completing this form: _____

Phone number: _____

Section A:

Unassisted Units in the same complex (units that are not currently subsidized by the Section 8 program or are not Tax Credit units) which have been rented for approximately the same length of time as the assisted unit:

Tenant Name	Rent Amount	Move-In Date
Address of Unit (Include Apt. No.)	# of bedrooms	# of bathrooms
Tenant Name	Rent Amount	Move-In Date
Address of Unit (Include Apt. No.)	# of bedrooms	# of bathrooms

How many units of the same bedroom size as the unit occupied by the Section 8 tenant are in this complex? _____

Section B:

Is this unit Rent Restricted? _____ Yes _____ No

If yes, which program?

_____ Tax Credit _____ Section 221 (d) (3) (BMIR)

_____ Section 236 (Insured or Non-insured) _____ Section 515 Rural Development

_____ HOME program _____ Section 202

_____ Other (Describe other subsidy, including any State or Local subsidy)

IF THE REQUESTED COMPARABLES FOR YOUR UNASSISTED MARKET UNITS ARE NOT RECEIVED BY THE DUE DATE, THERE WILL BE NO FURTHER REVIEW OF THIS RENT CHANGE REQUEST.

FAX OR MAIL COMPLETED FORM TO:

San Diego Housing Commission

1122 Broadway, Suite 300

San Diego, CA 92101

FAX: (619) 578-7362