

**Certification of Rent Reasonableness for Shelter Plus Care**

Date: \_\_\_\_\_  
 Client: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Neighborhood: \_\_\_\_\_  
 BR size: \_\_\_\_\_  
 Unit type: Apt Complex \_\_\_\_, Single Family \_\_\_\_, Multi-family \_\_\_\_, Duplex \_\_\_\_, Other \_\_\_\_\_  
 Comprable to unassisted units: Yes \_\_\_\_ No \_\_\_\_  
 Household Composition: Adults \_\_\_\_ Children \_\_\_\_  
 Client Disabilities: \_\_\_\_\_  
 Household Member Disabilities: \_\_\_\_\_  
 a)Market Rent: \$ \_\_\_\_\_  
 b)FMR: \$ \_\_\_\_\_  
 c)Contract rent: \$ \_\_\_\_\_

**Contract rent is :**

1) less than FMR, less than Market rent--no need to continue, **sign here and file**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2) more than FMR, less than Market rent--initial part **A and sign below**

3) less than FMR, more than Market rent--complete part **B and sign below**

4) more than FMR, more than Market rent--complete part **B and sign below**

**A)** Contract rent exceeds FMR due to established market conditions where the unit is located. \_\_\_\_\_

**B)** Contract rent in excess of FMR, or FMR and Market rent, but is justified due to the following circumstances:

**Transportation:**

nearness to buslines	\$25.00	_____
off street parking	\$25.00	_____

**Amenities:**

central a/c	\$75.00	_____
window a/c units	\$50.00	_____
laundry room or W/D hookup	\$30.00	_____
disability use, elevator (easy entrance, etc.)	\$75.00	_____
fenced yard	\$50.00	_____
garage	\$45.00	_____
garbage disposal	\$15.00	_____
dish washer	\$25.00	_____
extra bathroom (1/2 bath \$25)	\$50.00	_____
new windows (if tenant pays heat)	\$40.00	_____
high efficiency furnace (if tenant pays heat)	\$50.00	_____

**Location:**

close to medical care	\$50.00	_____
suburb of cincinnati	\$75.00	_____

**Household member needs:**

close to child care	\$50.00	_____
close to necessary educational programs	\$50.00	_____

**TOTAL\*:** \_\_\_\_\_

For anything listed above, describe how it is important to self-sufficiency or how it helps meet needs associated with disabilities

\*TOTAL should be greater than or equal to the amount over FMR/ local Market rent

After a review of the needs, comparative costs in the neighborhood client will move to, and all pertinent factors, I certify that the contract rent listed above seems necessary and reasonable, and other housing was unable to be found at cost guidelines.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_