24 CFR 578.49 (1) Leasing structures. When grants are used to pay rent for all or part of a structure or structures, the rent paid must be reasonable in relation to rents being charged in the area for comparable space. In addition, the rent paid may not exceed rents currently being charged by the same owner for comparable unassisted space.

24 CFR 578.49 (2) Leasing individual units. When grants are used to pay rent for individual housing units, the rent paid must be reasonable in relation to rents being charged for comparable units, taking into account the location, size, type, quality, amenities, facilities, and management services. In addition, the rents may not exceed rents currently being charged for comparable units. Fair Market Rent (FMR) requirements also included in 24 CFR 578.49 (2) are waived per HUD in order to assist homeless program participants in locating additional units to reduce the spread and harm of COVID-19.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Proposed Unit | Unit #1  (if possible, same owner as proposed unit) | Unit #2 | Unit #3 |
| Address |  |  |  |  |
| Number of Bedrooms |  |  |  |  |
| Square Feet |  |  |  |  |
| Type of Unit/Construction |  |  |  |  |
| Housing Condition |  |  |  |  |
| Location/ Accessibility |  |  |  |  |
| Amenities  Unit:  Site:  Neighborhood: |  |  |  |  |
| Year of Construction |  |  |  |  |
| Which Utilities are Provided by the Owner (type-Gas, Electric, etc.) |  |  |  |  |
| Unit Rent |  |  |  |  |
| Utility Allowance |  |  |  |  |
| Gross Rent |  |  |  |  |
| Handicap Accessible? |  |  |  |  |
| Most Recent Rent Charged For Proposed Unit |  | Reason For Change: | | |

**CERTIFICATION:** Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit **\_\_\_\_\_** **IS** \_\_\_\_\_ **IS NOT** reasonable.

**Fair Market Rent (FMR) requirements are waived per HUD Memorandum until March 31, 2022 in order to assist homeless program participants in locating additional units to reduce the spread and harm of COVID-19.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_