**24 CFR 576.106(d) Rent restrictions.** (1) Rental assistance cannot be provided unless the rent complies with HUD’s standard of rent reasonableness, as established under 24 CFR 982.507. (2) For purposes of calculating rent under this section, the rent shall equal the sum of the total monthly rent for the unit, any fees required for occupancy under the lease (other than late fees and pet fees) and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located. Fair Market Rent (FMR) requirements included in 24 CFR part 888 are waived per HUD on December 30, 2021in 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 |  |  |  |  |
| AmenitiesUnit: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.

Does rent charged for this unit exceed rents charged by the same owner for comparable units? \_\_\_\_\_YES \_\_\_\_\_\_ NO

**Fair Market Rent (FMR) requirements are waived per HUD Memorandum for leases executed on or before 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: \_\_\_\_\_\_\_\_\_\_\_\_\_