

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
HOUSING - FEDERAL HOUSING COMMISSIONER
ESTIMATES OF MARKET RENT BY COMPARISON

UNIT TYPE	SUBJECT PROPERTY	A.		B.		C.		D.	
		CHARACTERISTICS	DATA	ADDRESS ADJUSTMENTS DATA	ADDRESS ADJUSTMENTS DATA	ADDRESS ADJUSTMENTS DATA	ADDRESS ADJUSTMENTS DATA	ADDRESS ADJUSTMENTS DATA	
3. E/F	Date of Rental								
4.	Type of Project (Stores)								
5.	Year Built								
6.	Sq. Ft. Area								
7.	Number of Bedrooms								
8.	Number of Baths								
9.	Number of Rooms								
10.	Balc./Terrace/Patio								
11.	Garage or Carport								
12.	EQUIP. & A/C								
	a. Range/Oven								
	b. Refrigerator								
	c. Disposal								
	d. Freezer								
	e. Wash. Machine								
	f. Dryer								
	g. Vacuum								
	h. Stove								
	i. Dishwasher								
	j. Carpet/Chairs								
	k. Floor/Rug Area								
13.	SERV.								
	a. Heat/Type								
	b. Cool/Type								
	c. Electricity								
	d. Water Cold/Hot								
14.	Storage								
15.	Project Location								
16.	Other								
17.	Unit Rent Per Month								
18.	and Depreciation with Trend								
19.	Trend and Spec. Adj.								
20.	Corrected Subject Rent								
21.	Occupancy Date								
22.	Subject Rent with Trend								
23.	Spec. Adjustments								
	a. Mgr./Admin								
	b. Financing								
24.	Adjusted Subject Rent								
<p>NOTE: In the adjustments column, enter dollar amounts by which subject property varies from comparable properties. If subject is better, enter a "Plus" amount and if subject is inferior to the comparable, enter a "Minus" amount. Use reverse to explain adjustments as needed.</p>									

NOTE: If prevailing vacancy rates are lower than 5%, indicating a tight rental market, adjustments subject rent should be derived from the high end of the range of the indicated rents from Line 18.

REMARKS

SECTION B PROJECTS ONLY

25. No. Inv. Processing Rent	W/ DIRECTOR'S ADJUSTMENTS
26. No. Rent Estimate (include financing adjust. rents, if appropriate)	W/ DIRECTOR'S ADJUSTMENTS

Signature of Approver _____ (Date) _____ Signature of Reviewer _____ (Date) _____

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