RENT SURVEY / RENT INCREASE

Answer all questions to the best of your knowledge. This information will impact the amount of rent the OMAHA HOUSING AUTHORITY (OHA) will pay for your property. Please return with the completed REQUEST FOR TENANCY APPROVAL (RFTA) and the TENANT’S PROPERTY CHECK LIST. If all of these forms are not turned in all together OHA will be unable to process your RFTA. This form is also used for ANNUAL RENT INCREASES. This forms must be returned with written request for a rent increase.

Tenant Name: _____________________________________________

UNIT ADDRESS: __________________________________________ CITY: _________________

COUNTY: _____________________________ ZIP CODE: ______________________

What is the current rent for the specified unit and Tenant? ______ (rent increase question ONLY)

What is the requested new rent for the specified unit? ________ (rent increase question ONLY)

UNIT QUALITY: New Construction    Well Maintained    Adequate
               Complete Renovation    Partially Renovated    Minor repairs needed

BUILDING SIZE:  # of Bedrooms _____  # of Bathrooms _____ Year Built (if known) _______

   Square Feet (approximate): ______

BUILDING TYPE: (circle one)   Single-Family  Multi-Family  Low Rise (3-4 stories) Garden Level – APT
               High Rise (5+ stories)  Row/Townhouse  Manufactured Home

FLOOR MATERIAL: (circle all that apply)   Carpet  Hardwood  Tile  Vinyl

UTILITIES INCLUDED WITH RENT: (circle all that apply)   Electric  Gas  Oil  Water  Sewer

   Cable TV  Trash Pickup  Internet  Heat: Electric / Gas

UTILITY TYPES/APPLIANCES (circle all that apply): Refrigerator  Microwave  Stove  None Provided

AMENITIES & FACILITIES (circle all that apply):

   Cable Hookup  Carpet  On- Site Manager  Ceiling fan(s)  Deck  Patio / Balcony  Washer

   Dryer  Unfinished Basement  Garage  Security System  Finished Basement  Club House

   Pool  Front Porch  Window Coverings/Blinds  Dishwasher  Back Porch  Off -Street Parking

   Garbage Disposal  Fenced in Yard(s): Front / Back  Gated Community  Elderly Housing Only

Housing Designated for person with Disabilities Only

ACCESSIBILITY:  32” Doors  Flat Entry  Ramp Entry

SEE BACK PAGE
ONLY ANSWER IF YOU ARE REQUESTING

ANNUAL RENT INCREASE

We must test the reasonableness of the contract rent as compared to at least three (3) other unassisted units in the same market area with comparable amenities. If possible, please provide three comparable units below:

Are all units assisted: Yes _____ No _____ Individually Owned: Yes _____ No _____

Comparable #1.

Address of Unit: __________________________________________ Rent Amount $_______________

Date Rented: _________________ # of Bedrooms _________ # of Bathrooms _________

Comparable #2.

Address of Unit: __________________________________________ Rent Amount $_______________

Date Rented: _________________ # of Bedrooms _________ # of Bathrooms _________

Comparable #3.

Address of Unit: __________________________________________ Rent Amount $_______________

Date Rented: _________________ # of Bedrooms _________ # of Bathrooms _________

RETURN FORM TO:

Section 8 Department
1823 Harney Street
Omaha, NE  68102
Fax 402-444-7543