



Omaha Housing Authority

18235 Harney Street ~ Omaha, NE 68102- ~ 402.444.4200 ~ www.ohauthority.org

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**

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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**