RENT SURVEY / RENT INCREASE

Please answer all questions to the best of your knowledge of the unit. Return with the completed REQUEST FOR TENANCY APPROVAL (RFTA) and the TENANT’S UNIT INSPECTION CHECK LIST. All forms must be returned together or processing will be delayed. Use this form for your ANNUAL RENT INCREASE REQUESTS. This form must be completed and attached to your written request for rent increase.

TENANT NAME: ________________________________________________________________

UNIT ADDRESS: ____________________________ CITY: ___________________ ZIP: ______________

What is the current rent for the unit? ________________ (for rent increase requests ONLY)

What is your requested new rent amount? _______________ (for rent increase requests ONLY)

QUALITY OF UNIT:

☐ New Construction or Completely Renovated    ☐ Well Maintained/Partially Renovated
☐ Adequate (some minor repairs needed)

UNIT SIZE:  Number of bedrooms?_____ Number of bathrooms?_____ Year Built? _____ Sq. Feet (Approx.)_____

UNIT TYPE: ☐ single family     ☐ multi-family     ☐ low rise (3-4 stories)    ☐ high rise (5+ stories)    ☐ Duplex
                            ☐ Row/Townhouse

FLOORING:  ☐ carpet     ☐ hardwood     ☐ tile     ☐ vinyl

UTILITIES INCLUDED WITH RENT? YES / NO  ☐ electricity    ☐ gas    ☐ water    ☐ sewer
                                      ☐ trash pick-up    ☐ cable TV    ☐ owner pays all utilities

HEATING:     ☐ electric     ☐ gas

APPLIANCES PROVIDED WITH UNIT:     ☐ refrigerator    ☐ stove    ☐ microwave    ☐ none provided

AMENITIES & FACILITIES:

☐ cable hook up     ☐ ceiling fan     ☐ deck     ☐ patio     ☐ balcony
☐ dryer     ☐ washer hook up     ☐ dryer hook up     ☐ dishwasher     ☐ garage
☐ washer     ☐ window blinds     ☐ garbage disposal     ☐ pest control     ☐ window air
☐ gated community     ☐ off street parking     ☐ elderly ONLY     ☐ central air     ☐ club house
☐ playground     ☐ pool     ☐ fenced in yard(s) front / back     ☐ housing/persons with disabilities

ACCESSIBILITY:     ☐ flat entry    ☐ steps    ☐ ramp entry    DOOR WIDTH: ☐ 31”/less    ☐ 32”/more

See Back Page
ONLY ANSWER IF YOU ARE REQUESTING AN 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 for 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 $__________
Dated rented: _________________ Number of Bedrooms ___________ Number of Bathrooms: __________

Comparable #2
Address of Unit ________________________________ Rent Amount $__________
Dated rented: _________________ Number of Bedrooms ___________ Number of Bathrooms: __________

Comparable #3
Address of Unit ________________________________ Rent Amount $__________
Dated rented: _________________ Number of Bedrooms ___________ Number of Bathrooms: __________

RETURN FORM TO:

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