

ENFIELD HOUSING AUTHORITY
SECTION 8 OFFICE
1 Pearson Way, Enfield, CT 06082
860-745-7493 Fax: 860-741-8439
www.enfieldha.org



Rent Reasonableness Survey Form

Date: _____ **Check One:** New Move-in _____ Current Tenant _____

Landlord Name: _____ **Landlord Phone:** _____

Tenant Name: _____

Unit Address: _____

Year Built: _____ **Square Footage:** _____

Of Bedrooms: _____ **# Of Bathrooms:** _____

Building Type:

Garden (1-4 stories) _____
Townhouse _____
Duplex _____
Single Family House _____

Location:

Residential _____
Mixed Commercial/Residential _____
Industrial _____
Rural _____

Requested Rent to Owner: \$ _____

Household Amenities:

<input type="checkbox"/> Carpet	<input type="checkbox"/> Parquet Floor	<input type="checkbox"/> Other High Quality Flooring
<input type="checkbox"/> Wallpaper	<input type="checkbox"/> Paneling	<input type="checkbox"/> Drapes
<input type="checkbox"/> Shades	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Security Alarm System
<input type="checkbox"/> Mini Blinds	<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Landlord Supplied Washer/Dryer
<input type="checkbox"/> Special Doors	<input type="checkbox"/> Special Windows	<input type="checkbox"/> Washer/Dryer Hookup in Unit
<input type="checkbox"/> Microwave	<input type="checkbox"/> Basement	<input type="checkbox"/> Private Deck/Patio/Balcony/Porch
<input type="checkbox"/> Security Screen Doors	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Breakfast Bar/Nook
<input type="checkbox"/> Pantry/Abundant Shelving	<input type="checkbox"/> Window A/C unit	<input type="checkbox"/> Central Air
<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Mirrored Closet Doors	<input type="checkbox"/> Additional Finished Room
<input type="checkbox"/> Garage	<input type="checkbox"/> Range Vent/Hood	<input type="checkbox"/> Dishwasher

Which utilities are included in rent? _____ Heat _____ Hot Water _____ Cold Water _____ Sewer _____ Electric

Access Amenities:

_____ Interstate _____ Controlled Access _____ Bus Line

Housing Services:

_____ Onsite Management _____ Security Personnel _____ Social Services/Medical

(Continued) 

Community Amenities:

- Playground
- Off Street Parking
- Community Room
- Courtyard
- Carport/Assigned Parking
- Laundry Facilities
- Clubhouse
- Pool
- Covered/Garage
- Storage
- Fitness Center

Maintenance:

- Ongoing Exterior Maintenance Performed by Owner
- Ongoing Interior Maintenance Performed by Owner

Quality: Check the Description that Best Applies

- Newly constructed or completely renovated
- Well maintained and/or partially renovated
- Adequate, but some repairs may be needed soon. Some minor maintenance may be needed. No renovation since construction.

Other Units:

Please supply the following information regarding other rental units you own

Full Address: _____
 Section 8 Unit? Yes No Rent For Unit: \$ _____ # Of Bedrooms: _____
 Security Deposit Charged: \$ _____

Full Address: _____
 Section 8 Unit? Yes No Rent For Unit: \$ _____ # Of Bedrooms: _____
 Security Deposit Charged: \$ _____

Full Address: _____
 Section 8 Unit? Yes No Rent For Unit: \$ _____ # Of Bedrooms: _____
 Security Deposit Charged: \$ _____

Comments: _____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

OFFICE USE ONLY

Is the rent requested for this unit reasonable? _____
 EHA decided contract rent \$ _____

EHA Staff: _____ Title: Portfolio Manager Date: _____