



County of San Diego

DAVID ESTRELLA
Director
TODD HENDERSON
Assistant Director

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
3989 RUFFIN ROAD, SAN DIEGO, CALIFORNIA 92123-1815

Tel.: (858) 694-4801
Fax: (858) 694-4871
TDD: (866) 945-2207
Toll-free: 1 (877) 478-5478

RENT REASONABLENESS CERTIFICATION

OWNER: _____ TENANT: _____

ADDRESS OF PROPOSED RENTAL UNIT: _____

NUMBER OF BEDROOMS: _____ NUMBER OF BATHROOMS: _____ SQUARE FOOTAGE: _____

Section 8 Program Regulations require contract rents be comparable to rents charged by the owner for other comparable unassisted rental units, and rents charged for similar units in the local community.

To ensure rent reasonableness, the Housing Authority **requires** at least 3 comparisons for like units in the area.

ALL SUBSIDIZED RENTAL UNITS REQUIRE COMPARABLES. IF THE SUBSIDIZED UNIT IS AN APARTMENT COMPLEX, ONE COMPARABLE MUST BE FOR AN UNASSISTED UNIT IN THE COMPLEX.

Name of Complex/Owner: _____

Address of Comparable Unit: _____

Complex/Owner Phone Number: _____ Current Rent: _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Square Footage: _____

Name of Complex/Owner: _____

Address of Comparable Unit: _____

Complex/Owner Phone Number: _____ Current Rent: _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Square Footage: _____

Name of Complex/Owner: _____

Address of Comparable Unit: _____

Complex/Owner Phone Number: _____ Current Rent: _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Square Footage: _____

I CERTIFY THAT THE RENT I AM REQUESTING FOR MY SECTION 8 RENTAL UNIT DOES NOT EXCEED RENTS BEING CHARGED FOR COMPARABLE UNASSISTED UNITS.

Owner/Manager's Signature: _____ Date: _____

HOUSING REPRESENTATIVE: _____ ANNIVERSARY DATE: _____