



PBV RENT REASONABLENESS REQUEST FORM

The Housing Choice Voucher Program requires that a written request (provided below) for a rent reasonableness be submitted by the owner/management agent. This written request, if approved by the Georgia Department of Community Affairs (DCA), will be effective the first of the month following sixty (60) days after DCA's receipt of this request or the date specified below, whichever is later.

Important Notice to Owner/Management Agent

- All increases are based on rent reasonableness (i.e. rents of comparable non-assisted units).

- Square Feet: _____ft
- Year Built: _____
- County: _____
- Bedroom Size: _____
- Unit Quality: _____

Utilities

- Electric
- Gas

I, _____, am requesting a rent reasonableness for
(Owner/Management Agent)

(Unit Address)

(City/State/Zip)

The request in the amount of \$_____ is warranted because of: _____

For the purposes of the rent study please check the amenities included with the unit from the following list:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Hardwood floors | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Modern Appliances |
| <input type="checkbox"/> Carpeting | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Washer/Dryer Hookup | <input type="checkbox"/> Laundry Facilities |
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Range/Stove | <input type="checkbox"/> Gated Community | <input type="checkbox"/> Window/Wall AC |
| <input type="checkbox"/> Central AC | <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Security System | <input type="checkbox"/> Fenced Yard |
| <input type="checkbox"/> Deck/Balcony/Patio/Porch | <input type="checkbox"/> Playground/Court | <input type="checkbox"/> Cable/Internet Ready | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Garage | <input type="checkbox"/> Covered/Off-Street Parking | <input type="checkbox"/> Lawn Care |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Washer/Dryer in Unit | <input type="checkbox"/> Distance to Bus Stop _____ | <input type="checkbox"/> Renovations in _____ |

Owner/Management Agent Signature

Date

Last four of SSN/EIN

Email

Phone Number

Tenant Signature

Date