

**Housing Authority of the County of Santa Cruz  
Owner Submittal of Comparable Rents**

Owner Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Unit Address \_\_\_\_\_

Owners participating in the Housing Choice Voucher Program have the option of providing their own comparable rents, which the Housing Authority may consider in determining whether the rent for an owner's unit is reasonable and allowable under the program.

1. Owners may submit a minimum of three and a maximum of four current comparable rents.
2. Comparable units **MUST** be "market" units, meaning that they are not rented through any kind of subsidy or rental assistance program. This means, for example, that other units leased through the Housing Choice Voucher (Section 8) program may not be used for comparables.
3. Owners must provide documentation of the comparables. Documentation must include a copy of a current lease or lease addendum executed within three months of the date submitted. Owners may submit other documentation as well, including rent rolls, assessor's records, and any other information needed to verify both the rent on the unit and the other characteristics (size, amenity, location, etc.) that make it comparable to the unit in question.
4. The Housing Authority may supplement the owner-supplied comps with its own comparable data. The Housing Authority has final authority over the determination of comparable rents for a unit.
5. The owner must turn in an RTA (Request for Tenancy Approval) at the same time or prior to submitting the rent comparables.

Please complete and sign the reverse side of this form and return it, with documentation attached, to:

Housing Authority of the County of Santa Cruz  
2931 Mission Street - Santa Cruz, CA 95060-5709

If you have any questions, please call our Leasing Unit at (831) 454-9455 ext. 702.

**Housing Choice Voucher Program  
Owner-Supplied Rent Comparables**

**Comparable #1** Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address & Phone: \_\_\_\_\_

**Comparable #2** Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address & Phone: \_\_\_\_\_

**Comparable #3** Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address & Phone: \_\_\_\_\_

**Comparable #4** Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address & Phone: \_\_\_\_\_

	Comp #1	Comp #2	Comp #3	Comp #4
<b>Monthly Rent</b>				
<b># Bedroom/Bath</b>				
<b>Location</b> (describe how location makes unit comparable: proximity to parks, beachfront, etc.)				
<b>Quality</b>				
<b>Size</b> (est. square feet)				
<b>Unit Type</b> (townhouse, single family, etc.)				
<b>Age of unit</b>				
<b>Other Amenities</b> (list other amenities that make this unit comparable)				

Submit a minimum of 3 comps. Documentation must include a copy of a current lease or lease addendum executed within three months of the date submitted. Owners may submit other documentation as well, including rent rolls, assessor's records, and any other information needed to verify both the rent on the unit and the other characteristics (size, amenity, location, etc.) that make it comparable to the unit in question.

**Warning:** Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

**Certification:** I certify that the information provided regarding comparable rents is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner or Designee                      Date