



**HCV 2025 LARGE APARTMENT COMPLEX  
RENT REASONABLE ASSESSMENT SHEET**

Per the Administrative Plan if a property contains eight or more units, CMHA may establish the reasonable rent for all of the proposed units in the complex by performing one rent reasonable assessment for each unassisted unit type and bedroom size. CMHA will maintain this information for *a calendar year* and use it in determining the rent reasonable for each similar proposed unit for assistance or proposed for a contract rent adjustment.

Community Name (*Apartment Complex if applicable*): \_\_\_\_\_

Address of Community (*please include the range of building addresses and street names if multiple buildings at a complex*): \_\_\_\_\_

Landlord/Property Owner: \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_ Email: \_\_\_\_\_

For this calendar year, I am requesting a rent of \$ \_\_\_\_\_

Please initial to the left of each item that you understand:

- \_\_\_\_ 1. My signature below certifies that the statements made on this form are true and correct.
- \_\_\_\_ 2. I understand that if CMHA is unable to verify the information provided or the information provided is not true and accurate, CMHA may reassess the proposed contract rent for the above units/complex.
- \_\_\_\_ 3. I may be requested to provide my existing ***unassisted*** rent roll to assist in the determination of the contract rent for this unit plan, if requested by CMHA.
- \_\_\_\_ 4. I am aware that CMHA must update my rent by the latest Rent Reasonableness determination per 24 CFR 982.503. I understand that this may result in a **decrease** in my current contract rent amount.
- \_\_\_\_ 5. It has been explained that by completing this request that the rent will be established for a *calendar year* by CMHA for the above unit plan outlined on this form unless:
  - a. CMHA is not able to verify the information provided,
  - b. If there is a 5 % decrease in the published FMR,
  - c. Or, if directed by HUD.
  - d. # of Bedrooms: \_\_\_\_\_
  - e. # of Full Bathrooms: \_\_\_\_\_
  - f. # of Half Baths: \_\_\_\_\_
  - g. Square Footage: \_\_\_\_\_
  - h. Do you provide onsite maintenance? Y or N  N
  - i. Do you provide any special services? Y or N  N
  - j. What special service? Owner Provided \_\_\_\_\_

**Property Amenities: (Check all that apply)**

Dishwasher	Refrigerator	Elevator
Ceiling Fans	Range	Garage
Central Air	Cable/Internet Ready	Playgrounds/Courts
Garbage Disposal	Security System	Yard Sprinkler System
Covered Parking/Off Street Parking	Modern Appliances	Pool
Window Air	Energy Efficient Certified Unit	Storage
Washer/Dryer Hookups	Handicap Accessible	Ceramic Tile Floor
Laundry Facilities	Basement/Attic	Others: List Below
Working Fireplace	Business/Fitness Center	
Carpeting	Deck/Balcony/Patio/Porch	

My signature certifies that the statements made on this form are true and correct. I understand that if CMHA discovers a discrepancy at any time to the information I have provided, CMHA may reassess the contract rent based on the correct information.

\_\_\_\_\_  
Property Owner/Manager Signature

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Date

The form(s) must be filled out completely and returned no later than \_\_\_\_\_  
Please respond promptly! CMHA may add a community/unit/complex to the Large Apartment spreadsheet if it determines that the community/unit/complex qualifies as such.

February 1, 2025 is the deadline for returning completed forms. You may return this form, via email, to [hcvhelp@cintimha.com](mailto:hcvhelp@cintimha.com).

**Warning:** Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false and fraudulent statements.

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