|  |  |  |  |
| --- | --- | --- | --- |
| **COUNTY** | **ITEM NO.** | **PARCEL** | **NAME** |
|       |       |       |       |
| **PROJECT NO.** | **FEDERAL NUMBER** | **PROJECT** |
|       |       |       |
| **OCCUPANT TYPE** | **HOME TYPE** | **MH Site** |
| **[ ]** Owner | **[ ]** Tenant | **[ ]** SF | **[ ]** DUP | **[ ]** APT | **[ ]** OTHER | **[ ]** MH | **[ ]**  Owned | **[ ]** Rented |
| **DATE OCCUPIED** | **MORTGAGE** | **OWNER’S NAME (If Tenant Occupied)** | **PHONE NO.** |
|       | **% Rate**       | **Mo. Payment**       |       |       |
| **Number Persons in Household** | **Number Persons Who Are Citizens and/or Lawfully Present** | **AGENT’S NAME** | **DATE** |
|       |       |       |       |
| **OCCUPANTS** | **AGE** | **SEX** | **RELATIONSHIP** | **PHONE NUMBER** | **EMPLOYER / SCHOOL - CITY** | **MO INCOME** |
|       |     |     |       |       |       |       |
|       |     |     |       |       |       |       |
|       |     |     |       |       |       |       |
|       |     |     |       |       |       |       |
|       |     |     |       |       |       |       |
| ***Tenant's*** *average monthly**rent and utility costs* | ELEC | GAS | WATER | SEWER | MO UTIL | MO RENT | MO TOTAL | TOT INCOME |
|  |       |       |       |       |       |       |       |       |
| **Possible Problems** | [ ]  Income | [ ]  Elderly | [ ]  Large Home | [ ]  Large Family | [ ]  Tight Market | [ ]  Disabled |
| ***Include utilities in rent price*** | **SUBJECT** | **COMP**       | **COMP**       | **COMP**       |
| Price |       |       |       |       |
| Street Address |       |       |       |       |
| City, Zip Code |       |       |       |       |
| Distance to Work - School |       |       |       |       |       |       |       |       |
| No. Stories - Ext. Walls |       |       |       |       |       |       |       |       |
| 1st Floor Room Count - Size |       |       |       |       |       |       |       |       |
| 2nd Floor Room Count - Size |       |       |       |       |       |       |       |       |
| Bsmt Total Size - Unfin Size |       |       |       |       |       |       |       |       |
| Fin Bsmt Room Count -Size |       |       |       |       |       |       |       |       |
| Garage/Carport (No & Type) |       |       |       |       |
| Air Conditioning |       |       |       |       |
| Other |       |       |       |       |
| Age – Condition |       |       |       |       |       |       |       |       |
| Lot Size |       |       |       |       |
| Electric - Gas |       |       |       |       |       |       |       |       |
| Water - Sewer |       |       |       |       |       |       |       |       |
| Is Dwelling / Site DS&S? |       |       |       |       |
| Listed by / Phone |  |       |       |       |
| ***Correlation:*** *Thoroughly describe your analysis of the comparables, the basis for selecting the one upon which you rely, and if applicable,* ***why fewer******than three comparables are used*** *using TC 62-211 (RHP Correlation Pages 3A&3B). When the replacement housing payment exceeds statutory limits ($7,200 for tenants and $31,000 for owners), you must justify the need for using last resort housing funds.* |
| ***Relying on Comparable No.*** |  | ***A replacement dwelling / site cost*** |  |