
BUILDING RENT PROCEDURES

DATE: August 2010

Effective immediately, Building Rent Forms will be used for all buildings that have 3 or more units. If the owner has established rent that meets the rent reasonableness test, then CMHA will adopt the rent. ALL Housing Choice Voucher Program (HCVP) participants who desire to move into the building/complex shall be charged the same rent.

Completing the Building Rent Form

The form must be filled out completely. If an incomplete form is submitted, the processing of your contract will be delayed. The different areas of the form are identified below:

1. **Building/Complex Name:** Indicate the name of the building/complex.
2. **Address:** Indicate the address(es) of the building/complex.
3. **City/Zip:** Indicate the city and zip code of the building.
4. **Does your building have a passenger elevator?:** Indicate yes or no.
5. **TOTAL UNITS UNDER LEASE:** The number of units under lease at this location, including the HCVP units.
6. **TOTAL VACANT UNITS:** The number of vacant units at this location.
7. **TOTAL LEASED SUBSIDIZED UNITS:** The number of units under lease at this location that receive assistance from any Federal, State, or Local programs including the Housing Choice Voucher Program (HCVP). Also any units that could be interpreted as receiving assistance (i.e. new HUD housing conversion units or units with court ordered rents.)
8. **TOTAL LEASED MARKET RATE UNITS:** The number of units under lease at this location that pay rent without assistance of any kind and are not HUD conversion units or court ordered rental units.
9. **No. of Market Rate Units:** The number of *unassisted* units under lease by bedroom size.
10. **Monthly Rental Rate:** The amount charged for monthly rent for the *unassisted* units. If the monthly rates for bedroom sizes are shown in ranges, e.g. \$500-\$550, then the landlord must complete the area of the form for rent differences.
11. **Month:** Indicate which month of the year the annual rent increases for your building or complex normally go into effect.
12. **Rent Difference Explanation:** If there is a rent difference within bedroom categories, please specify the unit and the reason for the difference: This area must be completed if you have different rents for units that have the *same* bedroom size. Identify the unit number and the reason for the difference.
13. **Utilities/Appliances Responsibility:** The landlord must indicate who is responsible for paying each individual utility and whether it's gas or electric, and also who provides the appliances.
13. **Parcel number(s):** The Landlord must provide the parcel number(s) for the property. Forms submitted without parcel numbers will be returned.

Please sign and print your name, position, phone and fax numbers, mailing address, city and zip, vendor number, and date the form.

Note: This form is not to be used as a rent increase request form.

Revised: 08-30-2010

**HOUSING CHOICE VOUCHER PROGRAM (HCVP)
Building Rent Form
(Basis for comparability within multi-family complexes)**

Note: The Housing Choice Voucher Program will approve contracts at the rates stated below **only** if allowable within HUD regulatory limitations. Supplying false information, which results in an inflated HCVP contract, may result in sanctions against such owners/managers. Effective September 1, 2004, if the unit is a multi-family building (3 or more suites) you must submit an annual rent roll for the property by unit size. If you do not have an HCVP approved established rent, one must be established based on "rent reasonableness" before the execution of the Housing Assistance Payment Contract. Please complete this form and attach your rent roll. You may email or fax it to the address/fax number indicated below.

Building/Complex Name: _____
 Address: _____
 City: _____ Zip: _____

Does your building have a passenger elevator? Yes No

Total Units Under Lease	<input type="text"/>	Total Vacant Units	<input type="text"/>	Total Leased Subsidized Units	<input type="text"/>	Total Leased MARKET RATE Units	<input type="text"/>
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Indicate the number of **LEASED MARKET RATE** units by bedroom size and their monthly rental rate. [The *sum* of your Total Leased Subsidized Units plus Total Leased Market Rate Units should equal Total Units Under Lease.]

No. of Market Rate Units	BEDROOM SIZE	MONTHLY RENTAL RATE	REASONABLE RENT (HCVP use)	Please indicate the month of the year that the annual rent increases for your building (s) go into effect. Month: _____
	EFFICIENCIES			
	1 BEDROOM			
	2 BEDROOMS			
	3 BEDROOMS			
	4 BEDROOMS			

If there is a price difference within bedroom categories, please specify the unit and the reason for the difference.

Apt. No.	Rent Difference Explanation

Check if the owner OR tenant is responsible for the following. Check the source of the heating, water heating, and cooking source.

Heating	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	Is the heating:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
Water Heating	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	Is the water heating:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
Cooking Fuel	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	Is the cooking:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
Electricity	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant			
Stove /Range	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant			
Refrigerator	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant			

Return this form to:

HCVP Rental Assistance Program
 Attn: HCVP Finance - Building Rents
 8120 Kinsman Road
 Cleveland, Ohio 44104

Phone: 216.431.1471 – ask for Finance
 Fax No.: 216-432-3971

Office Use:

Census Tract: _____

Date Entered: _____

Entered by: _____

Owner/Agent
 Signature: _____

Name (Printed): _____

Position/Title: _____

Phone & Fax Nos: _____

Mailing Address: _____

City/Zip: _____

Vendor No. _____

Date of Reply: _____

Parcel Number: _____
(REQUIRED)

CMHA's Housing Choice Voucher Program provides reasonable accommodations to person with disabilities. If you need an accommodation, including auxiliary aids and/or services, please contact Customer Service at 216-431-1471 (voice) or 1-800-750-0750 (Ohio Relay Service).

