

Comparable Entry Form

Email completed form to OwnerComps@AffordableHousing.com. For assistance call (866) 466-7328. Fields with an * are required. Please allow 3-5 business days for the comparable listing to be entered. Only add rentals that are NOT being rented to tenants receiving any form of Government assistance. PLEASE PRINT CLEARLY.

1. Property Owne	er Contact Infor	mation						
First Name*:				Last Name*:				
Company:				Email*:				
Phone Number*:				Alternative Phone Number*:				
Housing Authority N	Name:		•					
2. Comparable Lo	ocation (for multip	ole units see page 2)						
Street*:						Unit #:		
City*:				State*:		Zip*:		
3. Comparable In	formation							
Property Type (selec	et one)*: ☐ Apartr	nent □Condo Apa	rtment 🗌	Condo Tow	nhouse \square S	Single Family Home		
□Duplex □Tripl	ex 4-Plex 7	Γownhouse/Villa □] Mobile H	Iome				
Bedrooms*:	Full Baths*:	Half Baths*	f Baths*:		et:	Year Built:		
Monthly Rent*: \$ Is this a rent controlled, tax credit, or any other government subsidized unit? □ Yes □ No								
Is this unit occupied by a Section 8 voucher holder? □ Yes □ No								
Quality & Condition	n: □Unknown □	□Poor □Fair □ A	Average	Above Ave	erage 🗆 Exc	cellent		
4. Utilities (select w	ho pays and what ty	pe, must complete fo	r adjustmer	nt accuracy)				
Heating Fuel: ☐ Owner ☐ Renter ☐ Natural Gas ☐ Electric ☐ Oil ☐ Propane		Cooking Fuel: Natural Gas Propane	□Renter □Oil	Hot Water: □Owner □Renter □ Natural Gas □ Electric □ Oil □ Propane				
Electric Fuel: Owner Renter		Water: □Owne □Well Water	r ter	Sewer: □Owner □Renter □Septic Tank □ Public Sewer				
Cooling: Owner Renter Heat: Owner			Renter					
☐ Natural Gas ☐ Electric ☐ Oil ☐ Propane		☐Baseboard ☐Window/Wall ☐ Heat Pump ☐ Space ☐ Radiator ☐ Boiler ☐ None						
5. Amenities								
Indoor: Ceiling	Fans Cable Inc	luded 🗆 Dryer 🗀	Washer \square	W/D Hookı	ıps □On sit	te Laundry		
Kitchen: Dish W	asher □Garbage	Disposal ☐Microv	vave \square Re	efrigerator [Stove			
Outdoor: Balcony Pool Gated Community				Maintenance (included): ☐ Lawn ☐ Pest Control ☐ Trash				
Parking: □1 Car (Garage □ 2 Car G	arage 3 Car Gara	ige 🗌 1 Co	overed Spac	e 🗌 2 Cove	red Spaces None		
	I affirm that I am at	least 18 years of age	and have rea			nce call 1-866-466-7328. By lableHousing.com terms of		



Comparable Entry Form- Multi Unit

Please fill out information on the properties within the building. Fields with an * are required. (These units must not be receiving any form of local, state, or federal housing assistance.) Below should be completed only if the comparables are within the same building or community. (Apartment Building, Multiple Units). Use this form if the utilities are the same for all comparables. If not, you must submit the previous page for each comparable.

Unit #*	Bedrooms*	Bathrooms*	Sqft	Rent*	Unit #*	Bedrooms*	Bathrooms*	Sqft	Rent*
1:					26:				
2:					27:				
3:					28:				
4:					29:				
5:					30:				
6:					31:				
7:					32:				
8:					33:				
9:					34:				
10:					35:				
11:					36:				
12:					37:				
13:					38:				
14:					39:				
15:					40:				
16:					41:				
17:					42:				
18:					43:				
19:					44:				
20:					45:				
21:					46:				
22:					47:				
23:					48:				
24:					49:				
25:					50:				