



**SCOTT COUNTY CDA
RENT COMPARISON STUDY
SURVEY FORM 2024**

1.) Unit Location:

Name of Building (if any): _____
 Address of Unit/Building: _____

2.) Building Age: Year building built: _____ Year last major rehab completed: _____

3.) Building Type:

High-rise (5+ stories): _____ Elevator? ____ yes ____ no
 Low-rise (2 - 4 stories): _____ Elevator? ____ yes ____ no
 Townhouse: _____
 Duplex (2 families): _____ 4 Plex (4 families): _____
 Single Family House: _____ Other: _____

4.) Unit Sizes and Rent Amounts:

Bedroom Size	# Bathroom	Starting Rent*	Square Feet
0			
1			
2			
3			
4			
5			

* Starting rent is the market-rate rent that would be charged if the unit became available today. If the building has subsidized units, be sure that the starting rent recorded is for the *unsubsidized, market-rent units*.

5. Are rent amounts based on unit size only? ____ yes ____ no

6. Are rent amount based on unit size + amenities (location of unit, W/D in unit, etc)
 ____ yes ____ no

7.) Utility Information to Calculate Gross Rent:

Utility	Paid by:		Fuel Source		
	Owner	Tenant	Gas	Electric	Fuel Oil
Heat					
Hot Water					
Cooking					
Electric					
Water/Sewer					
Trash					

8.) Unit Amenities Provided by Owner:

Central A/C: _____ yes _____ no

Dishwasher: _____ yes _____ no

Washer/Dryer in facility: _____ yes _____ no

Washer/Dryer in unit: _____ yes _____ no

Covered/Garage Parking: _____ yes _____ no

Community Room: _____ yes _____ no

Other (please specify): _____

9.) Neighborhood/Location Characteristics:

What is the nearest public transportation service? _____

How many blocks away? _____

What is the nearest cross street to the unit? _____

Please note any special features of the building, unit, grounds, location or neighborhood that might help compare this unit and its rents to other units in the area:

10.) Other Information:

How many units are accessible to the disabled? _____

What are the bedroom sizes of the accessible/disabled units?

How does the rent for accessible units differ from rent charged for regular units?

Is occupancy limited to a particular clientele (elderly, disabled)? ___ yes ___ no
If yes, who? _____

Are there subsidized units in the building? ___ yes ___ no
If yes, how many? _____

Does the Owner accept Section 8 Housing Choice Vouchers? ___ yes ___ no

Besides Section 8, are the units assisted by any other program? ___ yes ___ no
If yes, what type (federal, state, local, other)? _____

Is this tax credit unit? ___ yes ___ no

11.) Owner/Manager Information: ___ Owner ___ Mgmt. Company ___ On-Site

Owner/Property Name: _____

On site Manager Name: _____

Address: _____

Email address: _____

Phone: _____

Please send me a copy of the final Rent Comparison Form. ___ yes ___ no

Completed By: _____ Date Completed: _____

Title: _____ Phone: _____

Please return completed Survey by **September 13, 2024** to:
kmeierbachtol@scottcda.org or fax 952-496-2852.