NYC Human Resources Administration
Department of Homeless Services

Department of Social Services

DSS Rent Comparable Form

Please enter the requested information for the proposed unit below. If you would like to submit additional information on three unassisted comparable units that support your requested rent, please complete the optional columns. Only units within the immediate neighborhood and rental market will be considered Unit.

Condition: Very good = New or full renovation (must include kitchen & bath) in the past 5 years. Good= Well maintained or Partial renovation (upgrades to 1+ room(s) in the past 5 years. Average= No work in the past 5 years. Quality: Basic= Generic/average materials or appliances with normal wear and tear, High End: New, luxurious or, exclusive materials and or appliances.

Unit Information	Assisted Unit		Unit #1		Unit #2		Unit #3	
Unit Address/ Apt. # (specific address required)								
Square feet								
No. of bedrooms								
No. of bathrooms								
Unit Condition	☐ Very good ☐ Good ☐ Average		☐ Very good ☐ Good ☐ Average		☐ Very good ☐ Good ☐ Average		☐ Very good ☐ Good ☐ Average	
Unit Quality	☐ Basic ☐ High End		☐ Basic ☐ High End		☐ Basic ☐ High End		☐ Basic ☐ High End	
Utilities included in rent and the **Source** (for example: heat/oil, hot water/oil, cooking/gas)	Fuel Type	Paid by (O, T)	Fuel Type	Paid by (O, T)	Fuel Type	Paid by (O, T)	Fuel Type	Paid by (O, T)
Heating								
Cooking								
Water Heating								
Electricity								
Accessibility	☐ Ramp ☐ Elevator ☐ Door Opening Button		☐ Ramp ☐ Elevator ☐ Door Opening Button		☐ Ramp ☐ Elevator ☐ Door Opening Button		☐ Ramp ☐ Elevator ☐ Door Opening Button	
Amenities, if any								
Monthly rent	$		$		$		$	

LANDLORD CERTIFICATION AND ACKNOWLEDGEMENT: Please sign below. I certify that I have provided information on comparable rental units within the immediate neighborhood and rental market, which is true and correct to the best of my knowledge, for consideration as comparable units. Further, I understand that I may not charge rent for an assisted unit that is in excess of rents currently being charged for comparable unassisted units within my building.

_____   _____
Signature   Date