



Project Based Voucher

RFP 10.14.16

Publication of Proposal: October 14, 2016

Submission of Proposal Deadline: October 31, 2016

**Indianapolis Housing Agency
Department of Housing & Urban Development (HUD)
Project-Based Voucher (PBV) Program
for Existing Housing
REQUEST FOR PROPOSALS (RFP)
October 14, 2016**

The Indianapolis Housing Agency of Marion County (IHA) through its Housing Choice Voucher Program (HCV), elects to participate in and administer the Section 8 Project Based Voucher (PBV) program whereby the rental assistance is attached to the unit. IHA will enter into Housing Assistance Payments (HAP) contracts with the owner for the units of existing housing only. Up to three hundred (300) vouchers are available through this RFP process.

Objective

IHA is soliciting proposals from local owners to participate in the PBV program. U.S. Department of Housing and Urban Development's ("HUD") current regulations only permit a Housing Authority to provide Project Based Voucher Assistance (PBVA) within funding currently available under their Annual Contributions Contracts (ACC). The HAP contract between IHA and an owner for PBV assistance may have an initial term of not less than one (1) year and not exceed fifteen (15) years (for at least 15 years and up to 20 years for Rental Assistance Demonstration (RAD)), subject to funding availability of sufficient appropriated funds under IHA's Annual Contributions Contract (ACC) with HUD. During the term of the contract, IHA will make HAP payments to the owner for the units leased and occupied by eligible households.

Summary

Section 8 Project-Based Vouchers provide rental subsidies to eligible extremely low and very low-income households. The amount of subsidy is based on the difference between the tenant's required contribution (30 percent of defined household income) and the contract rent for an eligible housing unit. Rents must be reasonable for the immediate market, with determination of rent reasonableness in accordance with 24 CFR 983.303.

Available Vouchers and Intended Uses

- **Availability: Voucher availability is conditional upon agreements with the U.S. Department of Housing and Urban Development**
- **Use: Vouchers for Families, Permanent Supportive Housing and RAD**

Terms of Section 8 Project-Based Assistance

Applicants must be familiar with PBV regulations and guidance, including HUD's PBV regulations at 24 CFR part 983. Among other things, the PBV program requires compliance with all equal opportunity requirements under federal law and regulations including the authorities cited at 24 CFR 5.105(a). IHA may NOT provide PBV assistance for housing types inclusive of, but not limited to the following:

- Shared housing;
- Units on the grounds of a penal, reformatory, medical, mental, or similar public or private institution;
- Nursing homes or facilities providing continuous psychiatric, medical, nursing services, board and care or intermediate care;

- Units that are owned or controlled by an educational institution or its affiliate and are designed for occupancy by students of the institution;
- Manufactured homes;
- Cooperative housing;
- Transitional housing;
- Owner-occupied units;

Additionally, IHA may NOT provide PBV assistance to the following types of assisted units in accordance with 24 CFR 983.54:

- A public housing dwelling unit;
- A unit subsidized with any other form of Section 8 assistance (i.e. tenant based or project based assistance);
- A unit subsidized with any governmental subsidy that covers all or any part of the operating costs of the housing;

A unit subsidized with Section 236/Section 521/Section 202/Section 811/Section 101 rental assistance payments; or

- A unit with any other duplicative federal, state or local housing subsidy.

IHA may provide PBV assistance for the housing types that include:

- A Low Income Housing Tax Credit dwelling unit; and
- A HOME assisted dwelling unit.

Tenant Selection

Tenants of assisted units will be referred exclusively via the PBV waiting list maintained by IHA. Selection of tenants for these Project-Based units will be based on IHA's Administrative Plan for the HCV program consistent with the following guidelines:

- IHA will establish a separate site based waiting list for PBV assistance
- IHA will refer families to properties based on availability of appropriate sized units
- The owner must notify IHA of available units and select tenants from applicants referred from the IHA site based waiting list
- Owners must subject prospective tenants referred by IHA to the same selection criteria used for other tenants in their development. Owners must submit written criteria
- Owners may reject tenants referred by IHA; however valid reasons based on the generally applied selection criteria must be given for such rejections
- Owners may refer prospective tenants to IHA's waiting list according to HUD regulations

Housing Quality Standards

Selected units must meet HUD's Housing Quality Standards (HQS) within 90 days of selection

Site Standards and De-Concentration of Poverty Goals

The project must be consistent with the goal of de-concentrating poverty and expanding housing and economic opportunities. The goal is to provide Project-Based voucher assistance to units in census tracts with a poverty rate of less than 15%.

25% Limitation

Units receiving PBV assistance may not exceed 25% of total units at a property, with the exception of single family homes, housing for elderly or disabled, housing that provides supportive services and that contain RAD units.

PROPOSAL EVALUATION

For this solicitation, IHA will utilize a competitive proposal selection process. The following factors will be utilized by IHA to evaluate each proposal submittal received; award points for each listed factor will be based upon the documentation that the proposer submits within his/her proposal submittal:

NO.	MAX POINT VALUE	FACTOR DESCRIPTION
1	15	Neighborhood Impact- The property is identified as a neighborhood priority in a Quality of Life, Neighborhood or other Community Plan
2	15	Connection to Service/Opportunities-The property must be located where there are, within a reasonable traveling distance, meaningful opportunities for education and economic advancement
3	10	Connection to Transportation-Close proximity, or easily accessible to public transportation, bike paths or have a high walkability score
4	15	Permanent Supportive Housing-units designed exclusively for occupancy by individuals and families who has an adult head of household with a disabling condition.
5	15	Financial Feasibility- Project must demonstrate that it is financially feasible for the requested term of the Housing Assistance Payment Contract (HAP) period
6	20	Experience of Owner and/or Managing Agent- Demonstrate that the applicant has a track record of successfully leasing and managing properties that have multi-layered subsidies. Provide a copy of the management plan
7	10	Public Housing/RAD conversion- Housing developments that have public housing units within the property that is being converted through RAD
	100 Points	

Award of Proposal(s)

- Each proposal received will first be evaluated for responsiveness (i.e. meeting the minimum requirements as stated in the RFP)
- IHA shall select a minimum of a three-person panel, using the criteria established below, to evaluate each of the proposals submitted in response to this RFP to determine the proposer’s level of responsibility.
- The award shall be to the most responsive and responsible proposer(s) determined by the evaluation process.

IHA will make up to three hundred (300) vouchers available through this RFP process.

- IHA reserves the right to award all or none of the identified vouchers for projects. Prospective submitters may propose more than one proposal for consideration as long as it is for a different project at a different site.
- All persons having familial (including in-laws) and/or employment relationships (past or current) with principles and/or employees of a proposer will be excluded from participation on IHA’s evaluation panel. Similarly, all persons having ownership interest in and/or contract with a proposer will be excluded from participation on IHA’s evaluation panel

In order to be considered under this RFP, all properties submitted must meet the threshold conditions stated below:

- Proposed project must be located within the jurisdiction of IHA (Marion County)
- Proposed project must not exceed 75 PBV units

- IHA will offer owners of selected quality affordable housing an allocation of vouchers that can be attached to designated units of their rental housing.
- Owners will be invited to execute a multiyear contract with IHA ensuring an approved rent for their properties for a period not to exceed 15 years or 20 years for RAD PBV projects.
- Proposals meeting threshold requirements will be conditionally awarded Project-Based Vouchers up to the number requested and in accordance with the specified limits.
- Following project selection and prior to executing a Housing Assistance Payment Contract (HAP) for existing projects:
 1. A subsidy layering review for projects with any form of Federal, State or local governmental financial assistance, including tax credits and tax concessions, must be approved by HUD.
 2. An environmental review must be performed in accordance with 24 CFR 58 and approved by HUD or a HUD-approved entity

Project Eligibility

Proposed number of PBV units must not exceed 25% of the total units for each project excepting those designed for the elderly or disabled or units that will provide supportive services, all in accordance with 24 CFR 983.56.

PBV units will not be counted against the 25% cap for the following assisted units:

- Units in a single-family housing; or
- Excepted units in a multi-family housing that are specifically made available for qualifying families.

Qualifying families includes elderly or disabled families OR families with one member of the household receiving the following types of supportive services on a minimum of a weekly basis:

Case management;

- Life Skills;
 - Individual and/or group counseling; or
 - Substance Abuse services.
- o Subject to HUD's PBV regulations in effect, at the time of lease execution, the owner, family and IHA must sign a statement of family responsibility that must contain all family obligations including participation in a service program. Failure of the family, without good cause to fulfill its service obligation will be terminated from PBV and the unit will only remain an excepted unit if the unit is made available to another qualifying family.
 - o The supportive service provider will be required to submit monthly reports to IHA relative to the tenant's continued involvement in outlined supportive services. Should the tenant not participate in the supportive services component for two (2) or more consecutive months, the family will be terminated from the PBV program.
- Units in a property currently being converted to the Rental Assistance Demonstration Program (RAD)

In the event of a conflict between the requirements in this RFP and IHA's Section 8 Administrative Plan or HUD's PBV regulations and guidance, IHA's Section 8 Administrative Plan or HUD's requirements (as applicable) shall control. A copy of IHA's Section 8 Administrative Plan is available at www.indyhousing.org

Rents for the units will be determined upon the execution of the HAP Contract. The contract rents shall not exceed IHA's payment standard (see Attachment B- IHA Payment Standards) less the applicable utility allowance (see Attachment C- IHA Utility Allowance). The final rent will also be subject to rent reasonableness to be determined at the time of the Housing Quality Standards (HQS) inspection and execution of the HAP Contract. No unit under the HAP Contract shall have a rent higher than rents charged in the comparable unit in the private market. IHA's current payment standard and utility allowance for most unit types are attached as Attachment "B" and "C."

Upon the award of the vouchers under this RFP, and subject to satisfactory completion of additional requirements, e.g., receipt of environmental clearance, all units passing HUD HQS inspections, the Owner and PHA shall execute a HAP contract to the extent permitted by HUD's PBV regulations. All inspections must pass HUD HQS within 90 days of selection.

Fair Housing and Equal Opportunity

The applicant shall comply with all applicable Federal and State laws, executive orders and regulations pertaining to fair housing and equal housing opportunities, including without limitation, Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. 2000d et seq., 24 CFR Part 1), the Fair Housing Act, as amended (42 U.S.C. 2000d et seq., 24 CFR Part 1). The Fair Housing Act, as amended by Executive Order 12259), Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et seq., 24 CFP Part 146), and the Maine Human Rights Act (5 M.R.S.A. 4581 et seq.,).

Non-Discrimination

IHA does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, physical or mental disability, or familial status in the admission or access to, treatment or employment in, its programs, and activities. IHA will provide appropriate communication auxiliary aids and services upon sufficient notice. IHA will also provide the document in alternative formats upon sufficient notice. IHA has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Jennifer C. Green, Indiana Housing Agency, 1919 N. Meridian Street, Indianapolis, Indiana 46202. Telephone Number (317) 261-7210.

Application Submission Requirements

Applicants must complete the Application Cover Form (Attachment A), and submit the following items:

Applicant must submit one (1) original application packet and four (4) additional copies and 1 USB or flash drive for the review committee.

1. Project Summary

- a) Applicant must provide the completed Cover Form (Attachment A-Cover Form)
- b) Applicant must provide a narrative and label it "Proposal Summary," which should include the following:
 - a. A general project description, including location, current condition of the property, description of the proposed project, anticipated funding sources, and implementation schedule.
 - b. Description of the services to be provided and the population served by the project. If services are to be provided by a third party, provide a contract or letter of intent that details the services to be provided.
 - c. Include a map that shows public transportation, commercial, retail and recreational facilities.
 - d. Indicate proposed term of the HAP contract (one to fifteen years).
 - e. Provide a plan for managing and maintaining the proposed units, including a strategy to minimize unit turnover.

2. Experience

- Provide evidence of the following and label it "Experience".
 - a) Description of the applicant's experience in the ownership and management of affordable rental property, and describe the experience of any proposed service provider and management agent if the project is to be managed by someone other than the applicant.
 - b) If applicant owns other subsidized properties provide a list with following Information: Name of property, address, years owned, funding sources, total number of units, number of assisted units, unit bedroom size, and incomes served.

3. Project Certification

Provide the following information and label it "Project Certification".

- a) Evidence that the proposed project is permitted by the zoning ordinance, or evidence to indicate that any rezoning or relief required would likely occur and not delay the project.
- b) Identify the Owner and other project principals and the names of officers, staff and principal members, shareholders, investors, and other parties having a financial interest in the project.
- c) A disclosure of any possible conflict of interest by any of these parties that would be a violation of the HAP Contract. Information concerning any participant who is not known at the time of the application submission must be provided to IHA as soon as the participant is known.
- d) Disclose any foreclosure or receivership actions, adverse government actions or health and safety violations related to the project site.
- e) Debarment, Suspension Certification (Attachment G)

4. Rent Plan

Provide a rent plan indicating the rents for each unit type and the overall project and label it: "Rent Plan".

The Rent Plan should note whether utilities will be tenant paid and should include applicable utility allowances.

5. Operating Proforma

Provide an operating proforma for the proposed duration of the HAP Contract and label it "Operating Proforma".

Operating proforma should include projected project based voucher income and sufficient project operating revenue to support the management and maintenance of the housing and appropriate capital reserves. If applicable, the operating proforma should also reflect all governmental funding provided to the property or available to the property sufficient for IHA to complete a subsidy-layering review.

6. Project Management Plan

Provide a copy of the project's property management agreement and plan.

7. A current rent roll to be used to determine rent reasonableness.

8. IHA Rent Comparable Forms for each unit type, i.e. 2 bedroom apartment found on Attachment D

10. Photos of the front and back of the property along with answers to questions on Attachment F

Proposal Process

A Pre-Proposal Conference for the PBV RFP is scheduled for **10:00 a.m. October 19, 2016** EST at 16 Park Community Building Room 105, 546 E. 17th Street (Old School 27 behind the Kroger) Indianapolis 46202. Attendance is not mandated, but is recommended.

All questions concerning this RFP must be submitted in writing via email to dpadgett@indyhousing.org no later than **October 25, 2016@ 4:00PM**.

All questions and responses will be posted on the IHA website, www.indyhousing.org. It is the responsibility of the respondents to check the websites for updates, addendums and other information pertaining to the RFP.

Proposals for the Project Based Vouchers must be submitted and received no later than **12:00 PM on October 31, 2016** and addressed as follows:

Indianapolis Housing Agency
Attention: Diane Padgett,
Procurement Manager
1919 N. Meridian Street.
Indianapolis, IN 46202

Please provide the original application, four (4) copies, and one (1) USB or flash drive. Late submissions will not be considered.

Procurement Schedule

Event	Date
RFP Issued	October 14, 2016
Pre-Proposal Conference	October 19, 2016 at 10:00 am
Submittals Due	October 31, 2016 at 12:00 p.m.

IHA Reservation of Rights

A. Right to Reject, Waive, or Terminate the RFP. IHA reserves the right to reject any or all proposals, to waive any informality in the RFP process, or to terminate the RFP process at any time, if deemed by IHA to be in its best interests. In no event shall IHA have any liability for a cancellation. The proposer assumes the sole risk and responsibility for all expenses connected with the preparation of its proposal.

B. Right to Not Award. IHA reserves the right not to award a Project Based Housing Assistance Payment contract pursuant to this RFP.

C. Right to Terminate. IHA reserves the right to terminate a contract awarded pursuant to this RFP, at any time for its convenience upon 5 days written notice to the successful proposer(s).

D. Right to Determine Financial Responsibility and Viability. The IHA reserves the right to require proposal information regarding financial responsibility and viability or such other information as IHA determines is necessary to ascertain whether an application is in fact the most responsive and responsible proposal submitted.

E. Right to Retain Proposals. IHA reserves the right to retain all proposals submitted and not permit withdrawal for a period of 60 days subsequent to the deadline for receiving proposals without the written consent of the IHA Contracting Officer (CO).

F. Right to Add Terms and Conditions. IHA reserves the right to add terms and conditions to the RFP and Contract. These terms and conditions will be within the scope of the RFP and will not affect the proposal evaluation.

G. Right to Reject Any Proposal. IHA reserves the right to reject and not consider any proposal that does not meet the requirements of this RFP, including but not necessarily limited to, incomplete proposals and/or proposals offering alternate or non-requested services.

H. No Obligation to Compensate. IHA shall have no obligation to compensate any proposer for any costs incurred in responding to this RFP.

I. Right to Prohibit. IHA shall reserve the right to at any time during the RFP or contract process to prohibit any further participation by a proposer or reject any proposal submitted that does not conform to any of the requirements detailed herein.

APPLICATION COVER FORM
(Attachment A)

Project Name _____

Project Address _____

Total Number of Units in Project _____

Number of Rehabilitated Units _____

Number of Existing Units _____

Number of Project-Based Vouchers Requested _____

Number to Receive Supportive Services _____

Applicant Name _____

Contact Person _____

Business Address Line 1 _____

Business Address Line 2 _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

Tax ID# _____

DBA _____

Managing Agent (if other than Applicant) _____

Contact Person _____

Business Address Line 1 _____

Business Address Line 2 _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

E-Mail _____

Tax ID# _____

DBA _____

Supportive Services Provider (If Applicable)

Contact Person _____

Business Address Line 1 _____

Business Address Line 2 _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

E-Mail _____

Tax ID# _____

DBA _____

**Payment Standards
(Attachment B)**

INDIANAPOLIS HOUSING AGENCY

0BR - \$594.00

1BR - \$689.00

2BR - \$850.00

3BR - \$1,140.00

4BR - \$1,298.00

5BR - \$1,493.00

6BR - \$1,687.00

7BR - \$1,882.00

8BR - \$2,077.00

Note: The FMR's for unit sizes larger than 4BR's are calculated by adding 15% to the 4BR FMR's for each extra bedroom. Effective December 1, 2016.

ATTACHMENT C
UTILITY ALLOWANCES

Allowances for Tenants with Citizens Water and Sewer

Locality		Unit Type						Date (mm/dd/yyyy)		
Indianapolis Housing Agency		Detached houses - Citizens Water								
Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	32	44	55	66	76	87	97	108	119
	b. Bottle Gas	71	114	158	201	245	288	332	375	419
	c. Electric	43	59	74	89	102	114	127	139	152
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		29	39	54	66	74	81	90	98	106
Air Conditioning		2	8	14	20	26	31	37	43	49
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water- Citizens Water		23	30	36	43	49	56	62	69	75
Sewer - Citizens Sewer		31	35	41	48	55	61	68	75	82
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										
Actual Family Allowances To be used by the family to compute allowance.							Utility or Service		per month cost	
Complete below for the actual unit rented.							Heating		\$	
Name of Family							Cooking		\$	
							Other Electric		\$	
							Air Conditioning		\$	
							Water Heating		\$	
Address of Use							Water		\$	
							Sewer		\$	
							Trash Collection		\$	
							Range/Microwave		\$	
							Refrigerator		\$	
							Other		\$	
							Total		\$	
Number of Bedrooms										

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Duplexes, row or townhouses - Citizens Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	34	44	52	61	70	79	87	96	105
	b. Bottle Gas	76	111	147	183	219	255	291	326	362
	c. Electric	31	47	61	73	86	97	108	119	129
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		23	32	46	59	67	73	81	89	97
Air Conditioning		0	6	12	19	25	31	38	44	50
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water- Citizens Water		23	30	36	43	49	56	62	69	75
Sewer - Citizens Sewer		31	35	41	48	55	61	68	75	82
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.	Utility or Service	per month cost
Complete below for the actual unit rented.	Heating	\$
Name of Family	Cooking	\$
	Other Electric	\$
	Air Conditioning	\$
Address of Use	Water Heating	\$
	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range/Microwave	\$
	Refrigerator	\$
Number of Bedrooms	Other	\$
	Total	\$

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Garden and high rise apartments - Citizens Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	28	30	32	35	37	40	42	44	46
	b. Bottle Gas	54	63	71	79	88	96	104	113	121
	c. Electric	22	36	49	61	71	82	93	102	111
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	5	6	7	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		23	29	36	49	56	62	68	74	80
Air Conditioning		4	8	12	16	20	24	28	32	36
Water Heating	a. Natural Gas	4	7	9	11	14	16	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water- Citizens Water		23	30	36	43	49	56	62	69	75
Sewer - Citizens Sewer		31	35	41	48	55	61	68	75	82
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.	Utility or Service	per month cost
Complete below for the actual unit rented.	Heating	\$
Name of Family	Cooking	\$
	Other Electric	\$
	Air Conditioning	\$
Address of Use	Water Heating	\$
	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range/Microwave	\$
	Refrigerator	\$
Number of Bedrooms	Other	\$
	Total	\$

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Manufactured homes - Citizens Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	48	49	51	52	53	54	56	57	58
	b. Bottle Gas	128	134	139	145	150	155	161	166	172
	c. Electric	73	74	76	78	79	81	83	85	86
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		24	34	50	60	68	76	85	93	102
Air Conditioning		1	7	13	20	26	32	39	45	52
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water- Citizens Water		23	30	36	43	49	56	62	69	75
Sewer - Citizens Sewer		31	35	41	48	55	61	68	75	82
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.		Utility or Service	per month cost
Complete below for the actual unit rented.		Heating	\$
Name of Family		Cooking	\$
		Other Electric	\$
		Air Conditioning	\$
		Water Heating	\$
Address of Use		Water	\$
		Sewer	\$
		Trash Collection	\$
		Range/Microwave	\$
		Refrigerator	\$
		Other	\$
Number of Bedrooms		Total	\$

Based on form HUD-52667 (12/97).

Allowances for Tenants with Lawrence Water

Locality		Unit Type						Date (mm/dd/yyyy)		
Indianapolis Housing Agency		Detached houses - Lawrence Water								
Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	32	44	55	66	76	87	97	108	119
	b. Bottle Gas	71	114	158	201	245	288	332	375	419
	c. Electric	43	59	74	89	102	114	127	139	152
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		29	39	54	66	74	81	90	98	106
Air Conditioning		2	8	14	20	26	31	37	43	49
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water - Lawrence Water		21	27	33	39	45	51	57	63	67
Sewer - Lawrence Sewer		27	32	40	49	58	66	75	84	92
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										
Actual Family Allowances To be used by the family to compute allowance.							Utility or Service		per month cost	
Complete below for the actual unit rented.							Heating		\$	
Name of Family							Cooking		\$	
							Other Electric		\$	
							Air Conditioning		\$	
Address of Use							Water Heating		\$	
							Water		\$	
							Sewer		\$	
							Trash Collection		\$	
							Range/Microwave		\$	
							Refrigerator		\$	
							Other		\$	
Number of Bedrooms							Total		\$	

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Duplexes, row or townhouses - Lawrence Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	34	44	52	61	70	79	87	96	105
	b. Bottle Gas	76	111	147	183	219	255	291	326	362
	c. Electric	31	47	61	73	86	97	108	119	129
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		23	32	46	59	67	73	81	89	97
Air Conditioning		0	6	12	19	25	31	38	44	50
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water - Lawrence Water		21	27	33	39	45	51	57	63	67
Sewer - Lawrence Sewer		27	32	40	49	58	66	75	84	92
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.	Utility or Service	per month cost
Complete below for the actual unit rented.	Heating	\$
Name of Family	Cooking	\$
	Other Electric	\$
	Air Conditioning	\$
Address of Use	Water Heating	\$
	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range/Microwave	\$
	Refrigerator	\$
Number of Bedrooms	Other	\$
	Total	\$

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Garden and high rise apartments - Lawrence Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	28	30	32	35	37	40	42	44	46
	b. Bottle Gas	54	63	71	79	88	96	104	113	121
	c. Electric	22	36	49	61	71	82	93	102	111
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	5	6	7	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		23	29	36	49	56	62	68	74	80
Air Conditioning		4	8	12	16	20	24	28	32	36
Water Heating	a. Natural Gas	4	7	9	11	14	16	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water - Lawrence Water		21	27	33	39	45	51	57	63	67
Sewer - Lawrence Sewer		27	32	40	49	58	66	75	84	92
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.	Utility or Service	per month cost
Complete below for the actual unit rented.	Heating	\$
Name of Family	Cooking	\$
	Other Electric	\$
	Air Conditioning	\$
Address of Use	Water Heating	\$
	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range/Microwave	\$
	Refrigerator	\$
Number of Bedrooms	Other	\$
	Total	\$

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Manufactured homes - Lawrence Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	48	49	51	52	53	54	56	57	58
	b. Bottle Gas	128	134	139	145	150	155	161	166	172
	c. Electric	73	74	76	78	79	81	83	85	86
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		24	34	50	60	68	76	85	93	102
Air Conditioning		1	7	13	20	26	32	39	45	52
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water - Lawrence Water		21	27	33	39	45	51	57	63	67
Sewer - Lawrence Sewer		27	32	40	49	58	66	75	84	92
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.		Utility or Service	per month cost
Complete below for the actual unit rented.		Heating	\$
Name of Family		Cooking	\$
		Other Electric	\$
		Air Conditioning	\$
		Water Heating	\$
Address of Use		Water	\$
		Sewer	\$
		Trash Collection	\$
		Range/Microwave	\$
		Refrigerator	\$
		Other	\$
Number of Bedrooms		Total	\$

Based on form HUD-52667 (12/97).

ATTACHMENT D
RENT COMPARABLE



STEP 1: COMPARABLE ADDRESS

Landlord Name: _____ Property Address: _____

City: _____ State: _____ Zip: _____ County: _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Square Footage (or provide MLS): _____

STEP 2: COMPARABLE INFORMATION

Property Type:

House
 TownHouse/Villa
 Apartment
 Mobile Home
 Row House
 Duplex
 Triplex
 4Plex
 High-Rise
 Low-Rise

STEP 3: AMENITIES AND UTILITIES Must Complete for Adjustment Accuracy

Indoor:		Laundry Type:		Heat Type:		Kitchen:		Outdoor:			
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> W/D Hook-ups	<input type="checkbox"/> Baseboard	<input checked="" type="checkbox"/> Space	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Stove	<input type="checkbox"/> Gated Community	<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Age Restricted		
<input type="checkbox"/> Furnished	<input type="checkbox"/> Washer	<input type="checkbox"/> Boiler	<input type="checkbox"/> Central	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Microwave					
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Dryer	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> None	<input type="checkbox"/> Radiator	<input type="checkbox"/> Furnace						
<input type="checkbox"/> Cable Included	<input type="checkbox"/> Onsite Laundry	<input type="checkbox"/> Window/Wall									
<input type="checkbox"/> Security System	<input type="checkbox"/> Washer/Dryer										
Parking:		Maintenance:		Utilities:		Heating Fuel:		Heating Fuel Paid By:			
<input type="checkbox"/> 1 Car Carport	<input type="checkbox"/> Unassigned	<input type="checkbox"/> Pest Control Included		<input type="checkbox"/> (Electric Paid By)	<input type="checkbox"/> Gas	<input type="checkbox"/> Tenant	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner	<input type="checkbox"/> Owner		
<input type="checkbox"/> 2 Car Carport	<input type="checkbox"/> Assigned	<input type="checkbox"/> Lawn Included		<input type="checkbox"/> Owner	<input type="checkbox"/> Electric						
<input type="checkbox"/> 1 Car Garage	<input type="checkbox"/> Driveway	<input type="checkbox"/> Trash Included			<input type="checkbox"/> Propane						
<input type="checkbox"/> 2 Car Garage	<input type="checkbox"/> Street				<input type="checkbox"/> Oil						
<input type="checkbox"/> 3 Car Garage	<input type="checkbox"/> None										
Water Type:		Water Paid By:		Hot Water FuelType:		Hot Water Paid By:		Cooking FuelType:		Cooking Paid By:	
<input type="checkbox"/> Well Water	<input type="checkbox"/> Tenant	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Tenant	<input type="checkbox"/> Tenant
<input type="checkbox"/> City Water	<input type="checkbox"/> Owner	<input type="checkbox"/> Propane	<input type="checkbox"/> Oil	<input type="checkbox"/> Propane	<input type="checkbox"/> Owner	<input type="checkbox"/> Propane	<input type="checkbox"/> Owner	<input type="checkbox"/> Propane	<input type="checkbox"/> Owner	<input type="checkbox"/> Owner	<input type="checkbox"/> Owner
Sewer Type:		Sewer Paid By:		Cooling Type:		Cooling Paid By:					
<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Tenant	<input type="checkbox"/> Central	<input type="checkbox"/> Swamp Coolers	<input type="checkbox"/> Central	<input type="checkbox"/> Swamp Coolers	<input type="checkbox"/> Tenant	<input type="checkbox"/> Tenant				
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Owner	<input type="checkbox"/> None	<input type="checkbox"/> Window/Wall	<input type="checkbox"/> None	<input type="checkbox"/> Window/Wall	<input type="checkbox"/> Owner	<input type="checkbox"/> Owner				

Acronyms (Attachment E)

Acronyms

ACC: Annual Contributions Contracts

FMR: Fair Market Rent

AHAP: Affordable Housing Assistance Program

HAP: Housing Assistance Payments

HCV: Housing Choice Voucher

HUD: Department of Housing and Urban Development

HQS: Housing Quality Standards

IHA: Indianapolis Housing Agency

PBV: Project Based Vouchers

PBVA: Project Based Voucher Assistance

RAD: Rental Assistance Demonstration

**Environmental Review
Supplemental Information
(Attachment F)**

- Number of units
- Date of photos.
- Does this project include City and State Funds (Yes or No)
 - Type of City or State Funds
- New Construction or Rehabilitation or Other
- Property Street Address
- City, State, Zip Code
- Township
- Term of Contract

**Certification Regarding Debarment,
Suspension Ineligibility and Voluntary
Exclusion (Attachment G)**

I hereby verify that I meet the following criteria for participation:

- 1) I (we) have not been debarred or suspended by any government agency or subjected to a limited denial of participation under the Debarment and Suspension Rules of the United States Department of Housing and Urban Development (2 CFR Part 2424).
- 2) I (we) have not engaged in any drug-related criminal activity or any violent criminal activity.
- 3) Neither the Federal government nor any state or local government has instituted an administrative or judicial against me (us) for violation of the Fair Housing Act or other equal opportunity requirements.
- 4) No court or administrative agency has determined that I (we) have violated the Fair Housing Act or other equal opportunity requirements.
- 5) I (we) have not committed fraud, bribery or any other corrupt or criminal act in connection with any Federal, state or local housing program.
- 6) I (we) am not on the U.S. General Services Administration list of parties excluded from Federal procurement and non-procurement programs.

Signed: _____ Print Name: _____

Date: _____

Allowances for Tenants with Citizens Water and Sewer

Locality		Unit Type								Date (mm/dd/yyyy)
Indianapolis Housing Agency		Detached houses - Citizens Water								
Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	32	44	55	66	76	87	97	108	119
	b. Bottle Gas	71	114	158	201	245	288	332	375	419
	c. Electric	43	59	74	89	102	114	127	139	152
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		29	39	54	66	74	81	90	98	106
Air Conditioning		2	8	14	20	26	31	37	43	49
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water- Citizens Water		23	30	36	43	49	56	62	69	75
Sewer - Citizens Sewer		31	35	41	48	55	61	68	75	82
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										
Actual Family Allowances To be used by the family to compute allowance.								Utility or Service	per month cost	
Complete below for the actual unit rented.								Heating	\$	
Name of Family								Cooking	\$	
								Other Electric	\$	
								Air Conditioning	\$	
Address of Use								Water Heating	\$	
								Water	\$	
								Sewer	\$	
								Trash Collection	\$	
								Range/Microwave	\$	
								Refrigerator	\$	
Number of Bedrooms								Other	\$	
								Total	\$	

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Duplexes, row or townhouses - Citizens Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	34	44	52	61	70	79	87	96	105
	b. Bottle Gas	76	111	147	183	219	255	291	326	362
	c. Electric	31	47	61	73	86	97	108	119	129
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		23	32	46	59	67	73	81	89	97
Air Conditioning		0	6	12	19	25	31	38	44	50
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water- Citizens Water		23	30	36	43	49	56	62	69	75
Sewer - Citizens Sewer		31	35	41	48	55	61	68	75	82
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.	Utility or Service	per month cost
Complete below for the actual unit rented.	Heating	\$
Name of Family	Cooking	\$
	Other Electric	\$
	Air Conditioning	\$
Address of Use	Water Heating	\$
	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range/Microwave	\$
	Refrigerator	\$
Number of Bedrooms	Other	\$
	Total	\$

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Garden and high rise apartments - Citizens Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	28	30	32	35	37	40	42	44	46
	b. Bottle Gas	54	63	71	79	88	96	104	113	121
	c. Electric	22	36	49	61	71	82	93	102	111
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	5	6	7	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		23	29	36	49	56	62	68	74	80
Air Conditioning		4	8	12	16	20	24	28	32	36
Water Heating	a. Natural Gas	4	7	9	11	14	16	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water- Citizens Water		23	30	36	43	49	56	62	69	75
Sewer - Citizens Sewer		31	35	41	48	55	61	68	75	82
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.	Utility or Service	per month cost
Complete below for the actual unit rented.	Heating	\$
Name of Family	Cooking	\$
	Other Electric	\$
	Air Conditioning	\$
	Water Heating	\$
Address of Use	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range/Microwave	\$
	Refrigerator	\$
	Number of Bedrooms	Other
	Total	\$

Based on form HUD-52667 (12/97).

Locality		Unit Type									Date (mm/dd/yyyy)
Indianapolis Housing Agency		Manufactured homes - Citizens Water									
Utility or Service		Monthly Dollar Allowances									
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR	
Heating	a. Natural Gas	48	49	51	52	53	54	56	57	58	
	b. Bottle Gas	128	134	139	145	150	155	161	166	172	
	c. Electric	73	74	76	78	79	81	83	85	86	
	d. Oil / Coal / Other										
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8	
	b. Bottle Gas	8	11	15	18	21	24	27	30	34	
	c. Electric	6	8	10	12	14	17	19	21	23	
	d. Other										
Other Electric		24	34	50	60	68	76	85	93	102	
Air Conditioning		1	7	13	20	26	32	39	45	52	
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20	
	b. Bottle Gas	15	23	31	39	48	56	64	72	81	
	c. Electric	11	17	24	30	36	42	49	55	61	
	d. Oil / Coal / Other										
Water- Citizens Water		23	30	36	43	49	56	62	69	75	
Sewer - Citizens Sewer		31	35	41	48	55	61	68	75	82	
Trash Collection											
Range/Microwave		1	1	1	1	1	1	1	1	1	
Refrigerators		4	5	6	7	8	9	9	9	9	
Other - specify											
Actual Family Allowances To be used by the family to compute allowance.								Utility or Service		per month cost	
Complete below for the actual unit rented.								Heating		\$	
Name of Family								Cooking		\$	
								Other Electric		\$	
								Air Conditioning		\$	
								Water Heating		\$	
Address of Use								Water		\$	
								Sewer		\$	
								Trash Collection		\$	
								Range/Microwave		\$	
								Refrigerator		\$	
								Other		\$	
Number of Bedrooms								Total		\$	

Based on form HUD-52667 (12/97).

Allowances for Tenants with Lawrence Water

Locality		Unit Type									Date (mm/dd/yyyy)
Indianapolis Housing Agency		Detached houses - Lawrence Water									
Utility or Service		Monthly Dollar Allowances									
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR	
Heating	a. Natural Gas	32	44	55	66	76	87	97	108	119	
	b. Bottle Gas	71	114	158	201	245	288	332	375	419	
	c. Electric	43	59	74	89	102	114	127	139	152	
	d. Oil / Coal / Other										
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8	
	b. Bottle Gas	8	11	15	18	21	24	27	30	34	
	c. Electric	6	8	10	12	14	17	19	21	23	
	d. Other										
Other Electric		29	39	54	66	74	81	90	98	106	
Air Conditioning		2	8	14	20	26	31	37	43	49	
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20	
	b. Bottle Gas	15	23	31	39	48	56	64	72	81	
	c. Electric	11	17	24	30	36	42	49	55	61	
	d. Oil / Coal / Other										
Water - Lawrence Water		21	27	33	39	45	51	57	63	67	
Sewer - Lawrence Sewer		27	32	40	49	58	66	75	84	92	
Trash Collection											
Range/Microwave		1	1	1	1	1	1	1	1	1	
Refrigerators		4	5	6	7	8	9	9	9	9	
Other - specify											
Actual Family Allowances To be used by the family to compute allowance.								Utility or Service	per month cost		
Complete below for the actual unit rented.								Heating	\$		
Name of Family								Cooking	\$		
								Other Electric	\$		
								Air Conditioning	\$		
Address of Use								Water Heating	\$		
								Water	\$		
								Sewer	\$		
								Trash Collection	\$		
								Range/Microwave	\$		
								Refrigerator	\$		
Number of Bedrooms								Other	\$		
								Total	\$		

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Duplexes, row or townhouses - Lawrence Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	34	44	52	61	70	79	87	96	105
	b. Bottle Gas	76	111	147	183	219	255	291	326	362
	c. Electric	31	47	61	73	86	97	108	119	129
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		23	32	46	59	67	73	81	89	97
Air Conditioning		0	6	12	19	25	31	38	44	50
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water - Lawrence Water		21	27	33	39	45	51	57	63	67
Sewer - Lawrence Sewer		27	32	40	49	58	66	75	84	92
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.	Utility or Service	per month cost
Complete below for the actual unit rented.	Heating	\$
Name of Family	Cooking	\$
	Other Electric	\$
	Air Conditioning	\$
Address of Use	Water Heating	\$
	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range/Microwave	\$
	Refrigerator	\$
Number of Bedrooms	Other	\$
	Total	\$

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Garden and high rise apartments - Lawrence Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	28	30	32	35	37	40	42	44	46
	b. Bottle Gas	54	63	71	79	88	96	104	113	121
	c. Electric	22	36	49	61	71	82	93	102	111
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	5	6	7	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		23	29	36	49	56	62	68	74	80
Air Conditioning		4	8	12	16	20	24	28	32	36
Water Heating	a. Natural Gas	4	7	9	11	14	16	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water - Lawrence Water		21	27	33	39	45	51	57	63	67
Sewer - Lawrence Sewer		27	32	40	49	58	66	75	84	92
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.	Utility or Service	per month cost
Complete below for the actual unit rented.	Heating	\$
Name of Family	Cooking	\$
	Other Electric	\$
	Air Conditioning	\$
Address of Use	Water Heating	\$
	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range/Microwave	\$
	Refrigerator	\$
Number of Bedrooms	Other	\$
	Total	\$

Based on form HUD-52667 (12/97).

Locality		Unit Type							Date (mm/dd/yyyy)	
Indianapolis Housing Agency		Manufactured homes - Lawrence Water								
Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	48	49	51	52	53	54	56	57	58
	b. Bottle Gas	128	134	139	145	150	155	161	166	172
	c. Electric	73	74	76	78	79	81	83	85	86
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		24	34	50	60	68	76	85	93	102
Air Conditioning		1	7	13	20	26	32	39	45	52
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water - Lawrence Water		21	27	33	39	45	51	57	63	67
Sewer - Lawrence Sewer		27	32	40	49	58	66	75	84	92
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										
Actual Family Allowances To be used by the family to compute allowance.							Utility or Service		per month cost	
Complete below for the actual unit rented.							Heating		\$	
Name of Family							Cooking		\$	
							Other Electric		\$	
							Air Conditioning		\$	
							Water Heating		\$	
Address of Use							Water		\$	
							Sewer		\$	
							Trash Collection		\$	
							Range/Microwave		\$	
							Refrigerator		\$	
							Other		\$	
Number of Bedrooms							Total		\$	

Based on form HUD-52667 (12/97).



STEP 1: COMPARABLE ADDRESS

Landlord Name: _____ Property Address: _____

City: _____ State: _____ Zip: _____ County: _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Square Footage (or provide MLS): _____

STEP 2: COMPARABLE INFORMATION

Property Type:

House
 TownHouse/Villa
 Apartment
 Mobile Home
 Row House
 Duplex
 Triplex
 4Plex
 High-Rise
 Low-Rise

STEP 3: AMENITIES AND UTILITIES Must Complete for Adjustment Accuracy

Indoor: <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Furnished <input type="checkbox"/> Fireplace <input type="checkbox"/> Cable Included <input type="checkbox"/> Security System		Laundry Type: <input type="checkbox"/> W/D Hook-ups <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Onsite Laundry <input type="checkbox"/> Washer/Dryer		Heat Type: <input type="checkbox"/> Baseboard <input checked="" type="checkbox"/> Space <input type="checkbox"/> Boiler <input type="checkbox"/> Central <input type="checkbox"/> Heat Pump <input type="checkbox"/> None <input type="checkbox"/> Radiator <input type="checkbox"/> Furnace <input type="checkbox"/> Window/Wall		Kitchen: <input type="checkbox"/> Dishwasher <input type="checkbox"/> Stove <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave		Outdoor: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Gated Community <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Age Restricted			
Parking: <input type="checkbox"/> 1 Car Carport <input type="checkbox"/> Unassigned <input type="checkbox"/> 2 Car Carport <input type="checkbox"/> Assigned <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> Driveway <input type="checkbox"/> 2 CarGarage <input type="checkbox"/> Street <input type="checkbox"/> 3 CarGarage <input type="checkbox"/> None		Maintenance: <input type="checkbox"/> Pest Control Included <input type="checkbox"/> Lawn Included <input type="checkbox"/> Trash Included		Utilities: (Electric Paid By) <input type="checkbox"/> Tenant <input type="checkbox"/> Owner		Heating Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Oil		Heating Fuel Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner			
Water Type: <input type="checkbox"/> Well Water <input type="checkbox"/> City Water		Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner		Hot Water FuelType: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Oil		Hot Water Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner		Cooking FuelType: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane		Cooking Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner	
Sewer Type: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public Sewer		Sewer Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner		Cooling Type: <input type="checkbox"/> Central <input type="checkbox"/> Swamp Coolers <input type="checkbox"/> None <input type="checkbox"/> Window/Wall		Cooling Paid By: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner					

Allowances for Tenants with Citizens Water and Sewer

Locality		Unit Type								Date (mm/dd/yyyy)
Indianapolis Housing Agency		Detached houses - Citizens Water								
Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	32	44	55	66	76	87	97	108	119
	b. Bottle Gas	71	114	158	201	245	288	332	375	419
	c. Electric	43	59	74	89	102	114	127	139	152
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		29	39	54	66	74	81	90	98	106
Air Conditioning		2	8	14	20	26	31	37	43	49
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water- Citizens Water		23	30	36	43	49	56	62	69	75
Sewer - Citizens Sewer		31	35	41	48	55	61	68	75	82
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										
Actual Family Allowances To be used by the family to compute allowance.								Utility or Service		per month cost
Complete below for the actual unit rented.								Heating		\$
Name of Family								Cooking		\$
								Other Electric		\$
								Air Conditioning		\$
Address of Use								Water Heating		\$
								Water		\$
								Sewer		\$
								Trash Collection		\$
								Range/Microwave		\$
								Refrigerator		\$
Number of Bedrooms								Other		\$
								Total		\$

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Duplexes, row or townhouses - Citizens Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	34	44	52	61	70	79	87	96	105
	b. Bottle Gas	76	111	147	183	219	255	291	326	362
	c. Electric	31	47	61	73	86	97	108	119	129
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		23	32	46	59	67	73	81	89	97
Air Conditioning		0	6	12	19	25	31	38	44	50
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water- Citizens Water		23	30	36	43	49	56	62	69	75
Sewer - Citizens Sewer		31	35	41	48	55	61	68	75	82
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.	Utility or Service	per month cost
Complete below for the actual unit rented.	Heating	\$
Name of Family	Cooking	\$
	Other Electric	\$
	Air Conditioning	\$
Address of Use	Water Heating	\$
	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range/Microwave	\$
	Refrigerator	\$
Number of Bedrooms	Other	\$
	Total	\$

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Garden and high rise apartments - Citizens Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	28	30	32	35	37	40	42	44	46
	b. Bottle Gas	54	63	71	79	88	96	104	113	121
	c. Electric	22	36	49	61	71	82	93	102	111
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	5	6	7	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		23	29	36	49	56	62	68	74	80
Air Conditioning		4	8	12	16	20	24	28	32	36
Water Heating	a. Natural Gas	4	7	9	11	14	16	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water- Citizens Water		23	30	36	43	49	56	62	69	75
Sewer - Citizens Sewer		31	35	41	48	55	61	68	75	82
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.	Utility or Service	per month cost
Complete below for the actual unit rented.	Heating	\$
Name of Family	Cooking	\$
	Other Electric	\$
	Air Conditioning	\$
	Water Heating	\$
Address of Use	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range/Microwave	\$
	Refrigerator	\$
	Number of Bedrooms	Other
	Total	\$

Based on form HUD-52667 (12/97).

Locality		Unit Type									Date (mm/dd/yyyy)
Indianapolis Housing Agency		Manufactured homes - Citizens Water									
Utility or Service		Monthly Dollar Allowances									
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR	
Heating	a. Natural Gas	48	49	51	52	53	54	56	57	58	
	b. Bottle Gas	128	134	139	145	150	155	161	166	172	
	c. Electric	73	74	76	78	79	81	83	85	86	
	d. Oil / Coal / Other										
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8	
	b. Bottle Gas	8	11	15	18	21	24	27	30	34	
	c. Electric	6	8	10	12	14	17	19	21	23	
	d. Other										
Other Electric		24	34	50	60	68	76	85	93	102	
Air Conditioning		1	7	13	20	26	32	39	45	52	
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20	
	b. Bottle Gas	15	23	31	39	48	56	64	72	81	
	c. Electric	11	17	24	30	36	42	49	55	61	
	d. Oil / Coal / Other										
Water- Citizens Water		23	30	36	43	49	56	62	69	75	
Sewer - Citizens Sewer		31	35	41	48	55	61	68	75	82	
Trash Collection											
Range/Microwave		1	1	1	1	1	1	1	1	1	
Refrigerators		4	5	6	7	8	9	9	9	9	
Other - specify											
Actual Family Allowances To be used by the family to compute allowance.								Utility or Service	per month cost		
Complete below for the actual unit rented.								Heating	\$		
Name of Family								Cooking	\$		
								Other Electric	\$		
								Air Conditioning	\$		
								Water Heating	\$		
Address of Use								Water	\$		
								Sewer	\$		
								Trash Collection	\$		
								Range/Microwave	\$		
								Refrigerator	\$		
								Other	\$		
Number of Bedrooms								Total	\$		

Based on form HUD-52667 (12/97).

Allowances for Tenants with Lawrence Water

Locality		Unit Type								Date (mm/dd/yyyy)
Indianapolis Housing Agency		Detached houses - Lawrence Water								
Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	32	44	55	66	76	87	97	108	119
	b. Bottle Gas	71	114	158	201	245	288	332	375	419
	c. Electric	43	59	74	89	102	114	127	139	152
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		29	39	54	66	74	81	90	98	106
Air Conditioning		2	8	14	20	26	31	37	43	49
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water - Lawrence Water		21	27	33	39	45	51	57	63	67
Sewer - Lawrence Sewer		27	32	40	49	58	66	75	84	92
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										
Actual Family Allowances To be used by the family to compute allowance.								Utility or Service		per month cost
Complete below for the actual unit rented.								Heating		\$
Name of Family								Cooking		\$
								Other Electric		\$
								Air Conditioning		\$
Address of Use								Water Heating		\$
								Water		\$
								Sewer		\$
								Trash Collection		\$
								Range/Microwave		\$
								Refrigerator		\$
Number of Bedrooms								Other		\$
								Total		\$

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Duplexes, row or townhouses - Lawrence Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	34	44	52	61	70	79	87	96	105
	b. Bottle Gas	76	111	147	183	219	255	291	326	362
	c. Electric	31	47	61	73	86	97	108	119	129
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		23	32	46	59	67	73	81	89	97
Air Conditioning		0	6	12	19	25	31	38	44	50
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water - Lawrence Water		21	27	33	39	45	51	57	63	67
Sewer - Lawrence Sewer		27	32	40	49	58	66	75	84	92
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.	Utility or Service	per month cost
Complete below for the actual unit rented.	Heating	\$
Name of Family	Cooking	\$
	Other Electric	\$
	Air Conditioning	\$
Address of Use	Water Heating	\$
	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range/Microwave	\$
	Refrigerator	\$
Number of Bedrooms	Other	\$
	Total	\$

Based on form HUD-52667 (12/97).

Locality Indianapolis Housing Agency	Unit Type Garden and high rise apartments - Lawrence Water	Date (mm/dd/yyyy)
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Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	28	30	32	35	37	40	42	44	46
	b. Bottle Gas	54	63	71	79	88	96	104	113	121
	c. Electric	22	36	49	61	71	82	93	102	111
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	5	6	7	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		23	29	36	49	56	62	68	74	80
Air Conditioning		4	8	12	16	20	24	28	32	36
Water Heating	a. Natural Gas	4	7	9	11	14	16	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water - Lawrence Water		21	27	33	39	45	51	57	63	67
Sewer - Lawrence Sewer		27	32	40	49	58	66	75	84	92
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										

Actual Family Allowances To be used by the family to compute allowance.	Utility or Service	per month cost
Complete below for the actual unit rented.	Heating	\$
Name of Family	Cooking	\$
	Other Electric	\$
	Air Conditioning	\$
Address of Use	Water Heating	\$
	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range/Microwave	\$
	Refrigerator	\$
Number of Bedrooms	Other	\$
	Total	\$

Based on form HUD-52667 (12/97).

Locality		Unit Type							Date (mm/dd/yyyy)	
Indianapolis Housing Agency		Manufactured homes - Lawrence Water								
Utility or Service		Monthly Dollar Allowances								
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR
Heating	a. Natural Gas	48	49	51	52	53	54	56	57	58
	b. Bottle Gas	128	134	139	145	150	155	161	166	172
	c. Electric	73	74	76	78	79	81	83	85	86
	d. Oil / Coal / Other									
Cooking	a. Natural Gas	2	3	4	4	5	6	7	7	8
	b. Bottle Gas	8	11	15	18	21	24	27	30	34
	c. Electric	6	8	10	12	14	17	19	21	23
	d. Other									
Other Electric		24	34	50	60	68	76	85	93	102
Air Conditioning		1	7	13	20	26	32	39	45	52
Water Heating	a. Natural Gas	4	6	8	10	12	14	16	18	20
	b. Bottle Gas	15	23	31	39	48	56	64	72	81
	c. Electric	11	17	24	30	36	42	49	55	61
	d. Oil / Coal / Other									
Water - Lawrence Water		21	27	33	39	45	51	57	63	67
Sewer - Lawrence Sewer		27	32	40	49	58	66	75	84	92
Trash Collection										
Range/Microwave		1	1	1	1	1	1	1	1	1
Refrigerators		4	5	6	7	8	9	9	9	9
Other - specify										
Actual Family Allowances To be used by the family to compute allowance.							Utility or Service		per month cost	
Complete below for the actual unit rented.							Heating		\$	
Name of Family							Cooking		\$	
							Other Electric		\$	
							Air Conditioning		\$	
							Water Heating		\$	
Address of Use							Water		\$	
							Sewer		\$	
							Trash Collection		\$	
							Range/Microwave		\$	
							Refrigerator		\$	
							Other		\$	
Number of Bedrooms							Total		\$	

Based on form HUD-52667 (12/97).



STEP 1: COMPARABLE ADDRESS

Landlord Name: _____ Property Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Number of Bedrooms: _____ Number of Bathrooms: _____ Square Footage (or provide MLS): _____

STEP 2: COMPARABLE INFORMATION

Property Type:
 House TownHouse/Villa Apartment Mobile Home Row House Duplex Triplex
 4Plex High-Rise Low-Rise

STEP 3: AMENITIES AND UTILITIES **Must Complete for Adjustment Accuracy**

Indoor:		Laundry Type:		Heat Type:		Kitchen:		Outdoor:			
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> W/D Hook-ups	<input type="checkbox"/> Baseboard	<input checked="" type="checkbox"/> Space	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Stove	<input type="checkbox"/> Gated Community	<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Age Restricted		
<input type="checkbox"/> Furnished	<input type="checkbox"/> Washer	<input type="checkbox"/> Boiler	<input type="checkbox"/> Central	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Microwave					
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Dryer	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> None	<input type="checkbox"/> Radiator	<input type="checkbox"/> Furnace						
<input type="checkbox"/> Cable Included	<input type="checkbox"/> Onsite Laundry	<input type="checkbox"/> Window/Wall									
<input type="checkbox"/> Security System	<input type="checkbox"/> Washer/Dryer										
Parking:		Maintenance:		Utilities:		Heating Fuel:		Heating Fuel Paid By:			
<input type="checkbox"/> 1 Car Carport	<input type="checkbox"/> Unassigned	<input type="checkbox"/> Pest Control Included		<input type="checkbox"/> (Electric Paid By) Tenant	<input type="checkbox"/> Gas	<input type="checkbox"/> Tenant	<input type="checkbox"/> Electric	<input type="checkbox"/> Owner	<input type="checkbox"/> Owner		
<input type="checkbox"/> 2 Car Carport	<input type="checkbox"/> Assigned	<input type="checkbox"/> Lawn Included		<input type="checkbox"/> Owner	<input type="checkbox"/> Propane	<input type="checkbox"/> Oil					
<input type="checkbox"/> 1 Car Garage	<input type="checkbox"/> Driveway	<input type="checkbox"/> Trash Included									
<input type="checkbox"/> 2 CarGarage	<input type="checkbox"/> Street										
<input type="checkbox"/> 3 CarGarage	<input type="checkbox"/> None										
Water Type:		Water Paid By:		Hot Water FuelType:		Hot Water Paid By:		Cooking FuelType:		Cooking Paid By:	
<input type="checkbox"/> Well Water	<input type="checkbox"/> Tenant	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Tenant	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Tenant	<input type="checkbox"/> Propane	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
<input type="checkbox"/> City Water	<input type="checkbox"/> Owner	<input type="checkbox"/> Propane	<input type="checkbox"/> Oil	<input type="checkbox"/> Owner	<input type="checkbox"/> Propane						
Sewer Type:		Sewer Paid By:		Cooling Type:		Cooling Paid By:					
<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Tenant	<input type="checkbox"/> Central	<input type="checkbox"/> Swamp Coolers	<input type="checkbox"/> Tenant							
<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Owner	<input type="checkbox"/> None	<input type="checkbox"/> Window/Wall	<input type="checkbox"/> Owner							

