

Oil City Housing Authority • Moran Towers
110 Moran Street • Oil City, PA 16301

www.oilcityhousing.org
814-676-5764 • Fax: 814-677-5901

TO: Landlords of Assisted and Unassisted Housing Units LOCATED IN VENANGO COUNTY
FROM: Missy Reed, Section 8 Coordinator
SUBJECT: Rent Reasonableness

The Oil City Housing Authority is required by HUD to annually compare **assisted** rental units with **unassisted** rental units in rents charged and locations of the units.

If you have any friends or relatives who have rental units in the County of Venango or City of Oil City, we would appreciate you giving us their name and address or giving them one of the enclosed forms to complete.

The last time we ask for your input a tremendous response occurred and many rents were adjusted in a fair manner. The more units I have to compare, the more accurate the survey will be.

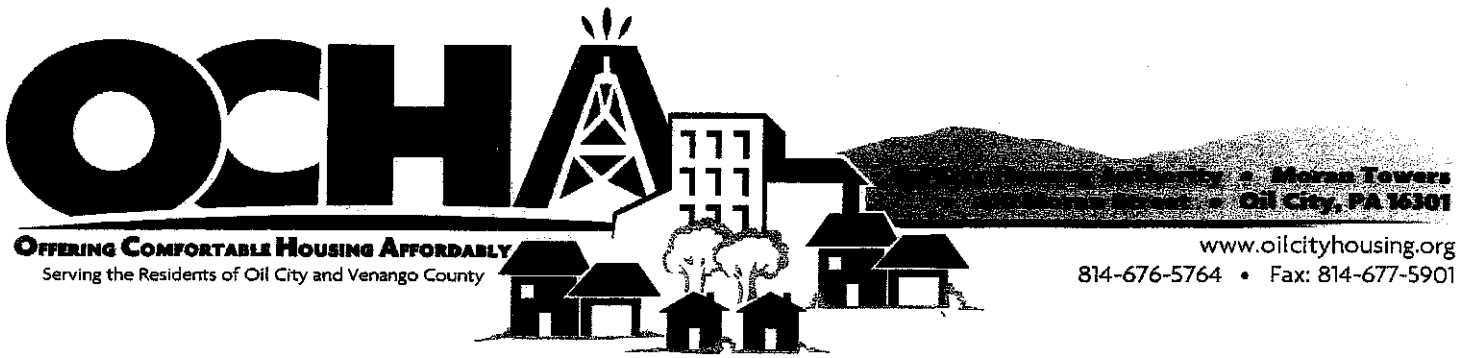
Please complete the attached sheet(s) as accurately as possible and return to me by June 30, 2019.

Please only use apartments and/or houses that you currently DO NOT receive any Section 8 assistance for and that are located within the CITY LIMITS OF OIL CITY and the COUNTY OF VENANGO.

One apartment/house per paper only. You may make multiple copies of form if needed.

These forms can be returned by fax to 814-677-5901, by email to mreed@oilcityhousing.com, or mailed to or dropped off at:

Oil City Housing Authority
110 Moran Street
Oil City, PA 16301



RENT REASONABLENESS CHECKLIST AND CERTIFICATION

ADDRESS: _____

OF BEDROOMS: _____

CURRENT RENT: _____

OWNER SUPPLIES THESE UTILITIES: _____

TENANT IS RESPONSIBLE FOR THESE UTILITIES: _____

SPECIFY FUEL TYPE: (Gas, Electric, etc..)

RANGE: _____ HEATING: _____ WATER HEATING: _____

TYPE OF UNIT: _____ **SQUARE FEET:** _____

DATE BUILT: _____

CONDITION OF UNIT: (circle one) - MINIMUM -MODERATE -ABOVE AVG.

AMENITIES:

NUMBER OF BATHS: _____ CARPET: _____ DRAPES: _____ DISHWASHER: _____

GARBAGE DISPOSAL: _____ RANGE: _____ FRIDGE: _____ W/D CONN: _____

PRIVATE PATIO/DECK: _____ OTHER: _____

FACILITIES: _____ STORAGE _____ OFF STREET PARKING _____ PLAYGROUND

LOCATION: TYPE OF NEIGHBORHOOD - _____

MANAGEMENT AND MAINTENANCE: ON SITE MANAGER: _____ OFF SITE MANAGER: _____

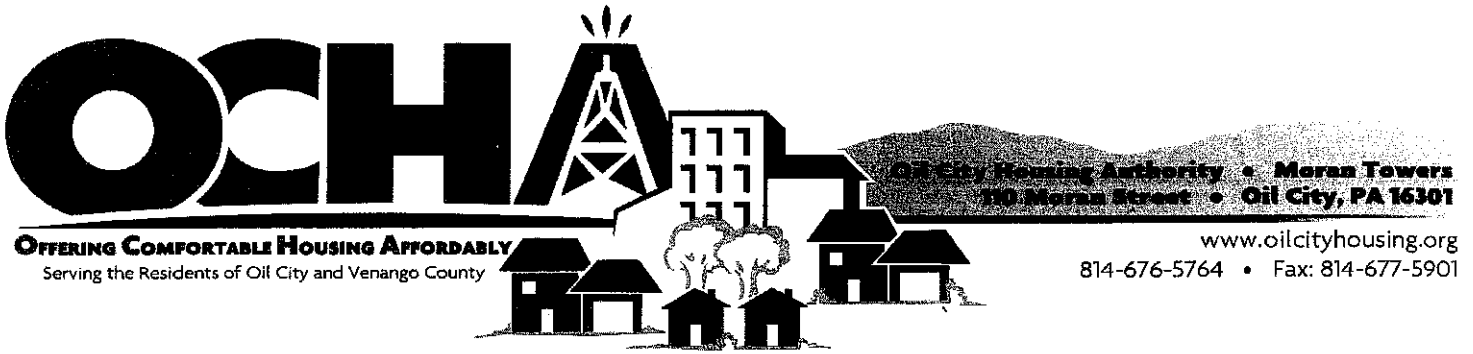
GENERAL MAINTENANCE: _____

X _____

SIGNATURE

X _____

DATE



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LOCATION: TYPE OF NEIGHBORHOOD - _____

MANAGEMENT AND MAINTENANCE: ON SITE MANAGER: _____ OFF SITE MANAGER: _____

GENERAL MAINTENANCE: _____

X _____

SIGNATURE

X _____

DATE