

SINGLE FAMILY COMPARABLE RENT SCHEDULE

This form is intended to provide the appraiser with a familiar format to estimate the market rent of the subject property.
Adjustments should be made only for items of significant difference between the comparables and the subject property.

ITEM	SUBJECT	COMPARABLE NO. 1			COMPARABLE NO. 2			COMPARABLE NO. 3		
Address										
Proximity to Subject										
Date Lease Begins Date Lease Expires										
Monthly Rental	If Currently Rented: \$	\$			\$			\$		
Less: Utilities	\$	\$			\$			\$		
Furniture	\$	\$			\$			\$		
Adjusted Monthly Rent	\$	\$			\$			\$		
Data Source										
RENT ADJUSTMENTS	DESCRIPTION	DESCRIPTION	+(-) \$ Adjustment	DESCRIPTION	+(-) \$ Adjustment	DESCRIPTION	+(-) \$ Adjustment	DESCRIPTION	+(-) \$ Adjustment	
Rent										
Concessions										
Location/View										
Design and Appeal										
Age/Condition										
Above Grade Room Count	Total Bdrms Baths	Total Bdrms Baths		Total Bdrms Baths		Total Bdrms Baths		Total Bdrms Baths		
Gross Living Area	Sq. Ft.	Sq. Ft.		Sq. Ft.		Sq. Ft.		Sq. Ft.		
Other (e.g., basement, etc.)										
Other:										
Net Adj. (total)		<input type="checkbox"/> + <input type="checkbox"/> - \$		<input type="checkbox"/> + <input type="checkbox"/> - \$		<input type="checkbox"/> + <input type="checkbox"/> - \$		<input type="checkbox"/> + <input type="checkbox"/> - \$		
Indicated Monthly Market Rent			\$		\$		\$		\$	
Comments on market data, including the range of rents for single family properties, an estimate of vacancy for single family rental properties, the general trend of rents and vacancy, and support for the above adjustments. (Rent concessions should be adjusted to the market, not to the subject property.)										
Final Reconciliation of Market Rent:										
I (WE) ESTIMATE THE MONTHLY MARKET RENT OF THE SUBJECT AS OF _____ TO BE \$ _____										
APPRAISER: Signature _____ Name _____ Date Report Signed _____ State Certification # _____ State _____ Or State License # _____ State _____					SUPERVISORY APPRAISER (ONLY IF REQUIRED): Signature _____ Name _____ Date Report Signed _____ State Certification # _____ State _____ Or State License # _____ State _____					

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RECONCILIATION