

## FM-04 COMPARABLE RENT FORM

### STATEMENT OF COMPARABLE RENT

The monthly charge for service and maintenance cost is not in excess of rent for comparable space and facilities in this community, and in support of this is given below a statement to this effect:

Name: \_\_\_\_\_ City: \_\_\_\_\_

Qualifications: \_\_\_\_\_  
(Realtor, Bank Official, Individual familiar with Rental Rates)

### STATEMENT

TO: ALABAMA DEPARTMENT OF HUMAN RESOURCES

I have examined the space occupied by the \_\_\_\_\_  
(Project Name)  
\_\_\_\_\_ or am acquainted with the space from personal knowledge, and it is my  
opinion that current rental in this community for similar space with comparable services and facilities (as set forth  
below) in a privately owned building would be at a cost per month of \$ \_\_\_\_\_. (Please provide  
a monthly cost.)

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Space occupied (excluding halls and rest rooms): \_\_\_\_\_ square feet.

Facilities furnished: \_\_\_\_\_

**FM-05 USE ALLOWANCE - SPACE**

Project Name and Location  
Title: \_\_\_\_\_ of Building: \_\_\_\_\_

Type Construction	Date Acquired	Cost (Excluding Land & Federal Funds)	Rate	Annual Allowance
			2%	\$

Other Expenses Applicable to Entire Building (Specify Nature):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses Applicable to Entire Building: \$ \_\_\_\_\_

**Total usable square feet:** \_\_\_\_\_

Annual cost per square foot (divide total expense by total square feet) \_\_\_\_\_

Square feet to be used by project (details below) \_\_\_\_\_

Pro rata annual cost to project (annual cost per square foot X square feet Occupied by project) \$ \_\_\_\_\_

Percent of time chargeable to this project: \_\_\_\_\_ x \_\_\_\_\_ %

**TOTAL COST APPLICABLE TO PROJECT:** \$ \_\_\_\_\_

**SQUARE FEET TO BE USED BY PROJECT:**

<u>Number and Type of Rooms</u>	<u>Size</u>	<u>Square Feet</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL SQUARE FEET:** \_\_\_\_\_

I hereby certify that the information shown in detail above as to the cost of the building (excluding land and federal funds) and any other cost applicable to the building is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**FM-06 USE ALLOWANCE – EQUIPMENT FORM**

Project  
Title: \_\_\_\_\_

Address: \_\_\_\_\_

No.	Item of Equipment	Date Acquired	Cost (Excluding Federal Funds)	Rate	% of Use By Project	Annual Allowance
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
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			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
			\$	6 2/3%	%	\$
Total Use Allowance Attributable to Project:						\$

I hereby certify that the information contained on this form as to the cost of equipment (excluding federal funds) is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_