

Socialserve.com® RentComp Submission Form

FILL OUT AND FAX THIS FORM TO 1.866.265.7811 ATTN: Erin Burkhead or SCAN AND EMAIL TO rentcomp@socialserve.com

- By completing this form, you certify that all the information provided is true and correct to the best of your knowledge.
- **All fields must be completed.** Incomplete comps will not be used.
- Please make sure contact information for the property owner or manager is complete so Socialserve.com can verify information.
- Remember to include a copy of the signed lease OR the MLS Listing when you submit this form.

Contact (REQUIRED)

Name of Person Submitting Comp: _____ Phone Number: _____

Unit Info:

Owner/Management Company: _____ Phone Number: _____

Date Unit Was Rented: _____

Address: _____ Street Suffix: _____ Unit #: _____

City: _____ ZIP Code: _____ (circle one) **Upstairs** Unit or **Downstairs** Unit?

Number of Bedrooms: _____ Number of Bathrooms: _____

Rent Amount: _____ Security Deposit: _____ Year Built: _____

Building Type (apartment, house, duplex, etc.): _____

Is the Heating Type **Gas** or **Electric**? (circle one)

Is the Water Heater **Gas** or **Electric**? (circle one)

Appliances Included (circle **all that apply**) **Stove (gas or electric)** **Refrigerator** **Dishwasher** **Microwave**

Utilities Included in Rent (list all): _____