

RENT INCREASE REQUEST FORM

Please return this form to initiate your formal request for an annual rent increase.

IMPORTANT NOTE: When you submit a rent increase request, a Rent Reasonableness test will be conducted. This is mandated by the Code of Federal Regulations (CFR) 982-507(4), which states: “ At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or re-determined by the PHA.”

A request for rent increase must comply with all of the following requirements before this Public Housing Authority (PHA) can approve your request.

- You must first provide confirmation that your tenant will sign an amended Lease for the rent you seek. **This is verified by having the tenant sign this form prior to submission OR provide a copy of the rent increase notification letter mailed to the tenant with this form.**
- **To have your request effective at the recertification date indicated in yellow it must be submitted no less than 60 days prior to the recertification date.** NO rent increases can occur during the first 12 months of a new contract.
- The amount of your request cannot exceed the rents for comparable unassisted units in the same neighborhood of your assisted unit. [See note above referencing (CFR) 982-507(4)]
- For a multi-family apartment building or complex having 3 or more units under the Building Rent Program, please submit your current rent schedule.

In addition, please note our procedures for processing rent increase requests.

- Only one request per unit will be processed by this agency during any 12-month period.
- **If we are unable to approve the increase, under NO circumstances can the extra cost be passed on to the client in a side agreement. Side agreements will result in the loss of the family’s subsidy.**
- We understand the costs related to taxes, insurance and maintenance are on the rise, however, unless **major** improvements have been made to the property, the large request for increases that we are receiving **cannot be justified or approved** without copies of receipts showing the cost of the major improvements.
- **Note to tenant:** Your monthly portion may increase by some or all of the approved rent increase amount.

Presently my current Contract rent is \$_____ per month.

Effective Date of Increase:

I would like to increase the rent to \$_____ per month.

**(must occur at recertification date)*

Please give us the following information so that we may contact you:

Contact Telephone # _____

Fax # _____

Email _____

Print Landlord Name

Print Tenant Name

LANDLORD Signature

TENANT Signature (REQUIRED) Date
(Notification Letter may be attached in lieu of signature)

Landlord Address

TENANT Address

City, State, Zip Code

City, State, Zip Code

Office Use Only

This increase has been: Approved Denied

Effective date of Increase is: _____

Approved by: _____ Date: _____

Case Manager:

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Christi | <input type="checkbox"/> Lyn |
| <input type="checkbox"/> Jayme | <input type="checkbox"/> Meghan |
| <input type="checkbox"/> Karen | <input type="checkbox"/> Shauna |
| <input type="checkbox"/> Leah | |

