

REQUEST FOR RENT INCREASE

In order for the rent increase request to be processed, the owner/manager must submit this completed form at least **60 days** prior to the effective date of the anniversary. If the request is less than 60 days notice, the request will be denied. The new rent will not become effective until the new lease and Hap Contract has been executed and received by the PHA Counselor. **By signing below and submitting this form you acknowledge that the tenant has been contacted and is aware of this request.**

Family Name: _____ Address: _____ City, Zip: _____	Current Rent Amt \$ _____ Proposed Rent Amt \$ _____ Effective Date of Proposed Rent Increase: _____
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<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex Number of Bedrooms _____ Number of Bathrooms _____ Square Feet _____ Year Constructed _____	Utility Responsibility Specify the fuel type and who is responsible for paying for each utility listed below.																							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Heating</td> <td style="border-bottom: 1px solid black;">Gas/Electric</td> <td style="border-bottom: 1px solid black;">Tenant/Owner</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Cooking</td> <td style="border-bottom: 1px solid black;">Gas/Electric</td> <td style="border-bottom: 1px solid black;">Tenant/Owner</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Water Heating</td> <td style="border-bottom: 1px solid black;">Gas/Electric</td> <td style="border-bottom: 1px solid black;">Tenant/Owner</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Other Electric</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Tenant/Owner</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Water</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Tenant/Owner</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Sewer</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Tenant/Owner</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Trash</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Tenant/Owner</td> </tr> <tr> <td style="border-bottom: 1px solid black;">A/C</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Tenant/Owner</td> </tr> </table>	Heating	Gas/Electric	Tenant/Owner	Cooking	Gas/Electric	Tenant/Owner	Water Heating	Gas/Electric	Tenant/Owner	Other Electric		Tenant/Owner	Water		Tenant/Owner	Sewer		Tenant/Owner	Trash		Tenant/Owner	A/C		Tenant/Owner
Heating	Gas/Electric	Tenant/Owner																						
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Water Heating	Gas/Electric	Tenant/Owner																						
Other Electric		Tenant/Owner																						
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Sewer		Tenant/Owner																						
Trash		Tenant/Owner																						
A/C		Tenant/Owner																						

Appliances provided by the landlord: _____

Appliance provided by the family: _____

Amenities (pool, ceiling fans, garage, etc.): _____

Comparable Units. We must test the reasonableness of the contract rent as compared to at least three other unassisted units in the same Market area with comparable amenities. If possible please provide three comparable units.

<u>Address of Unit/Complex</u>	<u>Rent Amount</u>

Owner/Manager Name: _____	Signature: _____
Address: _____	Phone Number: _____
Email: _____	Fax Number: _____

PHA USE ONLY			
Proposed Rent Reasonable?	Yes	No	If no, approved amount \$ _____
			Effective date: _____
Date Completed: _____		Staff/Inspector Name: _____	
Counselor Name: _____			

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.