



**REQUEST FOR RENT INCREASE**

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 contract with HUD. If the request is less than a 60-day 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 Staff. **By signing below and submitting this form you acknowledge that the tenant has been contacted and is aware of this request.**

Family Name: \_\_\_\_\_

Current Rent Amt - \$ \_\_\_\_\_

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

\$ \_\_\_\_\_  
 Proposed Rent Amt

City, Zip: \_\_\_\_\_

Effective Date of increase

**Utility Responsibility**

Specify the fuel type and WHO is responsible for paying for each utility listed below.

PLEASE CIRCLE THE CORRECT ANSWER

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

Number of Bedrooms \_\_\_\_\_

Number of Bathrooms \_\_\_\_\_

Square Feet \_\_\_\_\_

Year Constructed \_\_\_\_\_

Appliances provided by the landlord: Refrigerator, Stove, Microwave, Washer/Dryer,

Appliances provided by the family: Refrigerator, Stove, Microwave, Washer/Dryer

Amenities (pool, ceiling fans, garage, fenced yard, 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.

<b>Address of Unit/Complex</b>	<b>Rent Amount</b>
_____	_____
_____	_____
_____	_____

Owner/Manager Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_