

Rent Increase Request Form



- LHA Policy:**
- a. This form must be completed and submitted at least 60 days prior to the effective date of the rent increase
 - b. Incomplete forms may be delay date of effectiveness or rejected
 - c. Rent increases must not enter into effect nor Family share must not increase without written approval from the Lakeland Housing Authority (LHA).

Property and Participant Information

Landlord name: _____ Landlord Vendor # _____
 Landlord email Address: _____ Landlord Phone # _____
 Property Name (if applicable): _____ Participant Name _____
 Unit Address: _____
 City: _____ State: _____ Zip: _____
 Sq. Feet _____ Year Built _____ # Bedrms _____ # Baths _____ Total # of units in Building/Complex _____
 Type of Residence Rowhouse Single Family Multifamily

Ammenities Provided by Property Owner

- Washer/Dryer W/D Hook-ups Dishwasher Garbage Disposal Gated Community
 Porch Balcony Deck Lawn Maintenance
 Off Street Parking Alarm System Ceiling Fan Pest Control
 Pool Garage Parking - # spaces: _____ Carport Parking - # spaces _____
 Other _____

Utilities and Appliances

Unless otherwise specified below, the owner shall pay for all the utilities and appliances provided by the owner.

Item Type	Specify Fuel Type	Provided by O=Owner T=Tenant	Provided by O=Owner T=Tenant
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal/Other		
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal/Other		
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal/Other		
Other Electric	Other Electric = Lights and Appliances		
Water			
Sewer Septic	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trash Collection			
Air Conditioning	<input type="checkbox"/> Central A/C <input type="checkbox"/> Window Unit A/C		
Refrigerator			
Range/Microwave			
Other (specify)			

Rent Increase Request

Current Contract Amount _____

Contract Rent Request _____

LHA Determination:

-

Yes	The rental increase is reasonable with the other market rents and will be effective on the renewal date of your HAP Contract
No	The rental increase has been determined not to be reasonable with the other market rents at this time. Please resubmit your request 60 days before your next annual HAP contract renewal.
No	The rent increase request was received late and the comparable analysis will not be conducted at this time. Please re-submit your request 60 days before your next annual Hap contract renewal.

LHA's representative signature: _____

Date: _____