

## Rent Increase Request Form

Request Date: \_\_\_\_\_

- 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 delay effective date or rejection of request
  - c. Rent increases must not enter into effect nor Family share must not increase without written approval from the LHA
  - d. Tenant and landlord signature is required to proceed with Proposed Rent Increase evaluation



### Property and Participant Information

Landlord name: \_\_\_\_\_ Landlord Vendor #: \_\_\_\_\_  
 Landlord email Address: \_\_\_\_\_ Landlord Phone #: \_\_\_\_\_  
 Property Name (if applicable): \_\_\_\_\_ Tenant 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

- |   |   |  |   |  |
|---|---|--|---|--|
| <input type="checkbox"/> Washer/Dryer       | <input type="checkbox"/> W/D Hook-ups                     | <input type="checkbox"/> Dishwasher                        | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Gated Community |
| <input type="checkbox"/> Porch              | <input type="checkbox"/> Balcony                          | <input type="checkbox"/> Deck                              | <input type="checkbox"/> Lawn Maintenance |  |
| <input type="checkbox"/> Off Street Parking | <input type="checkbox"/> Alarm System                     | <input type="checkbox"/> Ceiling Fan                       | <input type="checkbox"/> Pest Control     |  |
| <input type="checkbox"/> Pool               | <input type="checkbox"/> Garage Parking - # spaces: _____ | <input type="checkbox"/> Carport Parking - # spaces: _____ |   |  |
| <input type="checkbox"/> 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	Paid 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	<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)			

**TENANT CERTIFICATION: I hereby certify that notification of Proposed Rent Increase has been received.**

Tenant signature		Date:	
Landlord signature		Date:	

Rent Increase Request - Effective Date: \_\_\_\_\_

Current Contract Amount \_\_\_\_\_

Contract Rent Request \_\_\_\_\_

LHA Determination:	<input type="checkbox"/>	Yes	The rental increase is reasonable with the other market rents and will be effective on the renewal date.
	<input type="checkbox"/>	Yes	The rental increase is reasonable with the other market rents, but since request was received late, it will be effective the first day of the month following the 60 day period.
	<input type="checkbox"/>	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 contract renewal.

LHA's representative signature: \_\_\_\_\_

Date: \_\_\_\_\_