

Rent Increase Request Form

ALL FORM LINE ITEMS MUST BE COMPLETED

Request will not be accepted if not signed by the tenant

Rent Increase Policy: This Rent Increase Request form must be submitted at least sixty (60) days prior to the effective date of the requested rent increase. You may not increase the family's share without prior written approval from the Washington County Housing Authority.

Rent Reasonableness Policy: Per federal regulation 24 CFR 982.507 the Authority will conduct a test to determine if the rent you are requesting is reasonable. The rent charged for an assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged. Rent controlled units are subject to rent ordinance and rent limitations.

- The WCHA will not approve a rent increase where the requested effective date is during the initial term of the contract or during the term of a renewed lease. (The landlord must offer the tenant a new lease and if the tenant accepts, the landlord must send the WCHA a copy of the lease agreement.)
- WCHA will not accept Rent increase requests received more than 120 days in advance of the requested effective date. (Effective date will be included in your approval letter, if approved)

Today's Date: _____

I, _____, (owner's name) Of

_____, request an increase of rent for my rental
Landlord/Agent address (print here)

at: _____

(Full address of current HCV participants unit)

Tenants Name: _____ Current Rent: \$_____ Requested Rent: \$_____.

Please indicate the reason for the request:

- Property taxes increased approximately \$_____.
- Rates for utilities included (Gas , Electric , Water , Sewage , Trash) have increased.
- Insurance costs increased approximately \$_____.
- The following maintenance items and/or improvements were made during the past 12 months of this tenant's lease: _____

Is this a Tax Credit Unit? Yes No

Type of unit: House Apartment Manufactured Home Duplex Low-Rise High-Rise w/elevator

Year Built: _____ (required)

Number of bedrooms: _____ Number of Bathrooms: _____ Half Baths: _____

Parking (describe): _____

Utility Information (check appropriate boxes):

The owner shall provide or pay for the utilities and appliances indicated below by an "O".

The tenant shall provide or pay for the utilities and appliances indicated below by a "T".

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

Item	Specific Fuel Source					Paid by: O-Owner / T-Tenant
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottled Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottled Gas	<input type="checkbox"/> Electric			
Water Heater	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottled Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other	
Other Electric						
Water						
Sewer						
Trash Collection						
Air Conditioning						
Other (specify)						
Refrigerator						
Range/Microwave						

Other increased costs not mentioned above:

Owner/Agent Acknowledgement and Signature:

I certify that the information provided on this form is complete and accurate to the best of my knowledge and that the rent requested is not greater than the rent for any other unassisted unit in the building. I understand that the request may result in an increase in the tenant's portion of the rent and that the tenant may exercise their right to move.

By submitting this rent increase request, I understand that the Authority must thoroughly evaluate my request including comparing the requested rent to rents charged for comparable, market-rate units in the vicinity of the requested unit. This could result in one of four outcomes:

- (1) denial of the request to change the rent amount
- (2) a decrease in the current rent amount
- (3) a lower approved rent increase amount or
- (4) an approval of my request to increase the rent amount.

I also understand that the rent for this unit may be reduced or re-determined at any time if the Authority finds that the rent charged by the Owner exceeds rents charged for other comparable unassisted units.

Tenant signature is required to acknowledge the request for rent increase. This may affect the tenant's current portion of rent.

Owner/Agent Signature

Date

Tenant signature

Date

For Office Use Only		
Date Received: _____	Date Completed: _____	Completed by: _____
Approved Rent Increase Amount: \$ _____	Effective Date: _____	Increase denied: _____ (comments below)

Reasons for denial:

____ Received too late

____ Tenant in 1st year of lease

____ Rent is not reasonable
(based on comparable)

____ Unit did not pass inspection one month
before annual recertification date

____ Incomplete form

____ Tenant failed to sign document

____ Tenant no longer lives in unit

____ Unit under Abatement

____ Other: _____
