

Rent Increase Request Form

Attention- Due to the current limited HUD funding, we regret to inform you that all requests for rent increases will be limited to a maximum of \$75.00 per month, provided the increase is considered rent reasonable. We understand this may be an inconvenience, but we kindly ask you to consider the alternative, removing a family from the program could result in homelessness situation for that family. We deeply value your commitment to providing safe housing and must also ensure the integrity of the program.

Rent Increase Policy: This Rent Increase Request form must be submitted at least sixty (60) days prior to the tenant's anniversary date and written notice to the tenant. 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 tenant's annual recertification date or after the tenant's Annual recertification date.**

Today's Date: _____

I, _____
(Owner's Name)

(Owner's address)

Request a rent increase for my rental unit located at:

_____.

Current Tenant: _____ Current Rent: \$_____ Requested Rent: \$_____.

If the requested rent is not approved and is less than \$25 of the requested rent, will you accept the lower payment for the unit? Yes No

Please indicate the reason for the request:

Property taxes increased approximately \$_____.

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 Year Built: _____ (required)

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

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 |
|------------------|--------------------------------------|--------------------------------------|-----------------------------------|------------------------------------|--------------------------------|---------|
| 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 | | | | | | |

Do the above-listed utilities match the current lease in effect? Yes No

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 the rent charged for other comparable unassisted units.

 Owner/Agent Signature

 Date

NOTICE TO TENANT OF INCREASE IN RENT

Date: _____

Tenant: _____

Dear Tenant:

This notice is to inform you that I am submitting a request to the Washington County Housing Authority to increase the rent for the property you lease at:

_____.

I am requesting an increase of the contract rent to \$_____.

A copy of this request has been submitted to the Washington County Housing Authority for approval. Therefore, if approved this change may also increase your portion of the contract rent under the HCV program. The WCHA will notify you of the affected changes.

I am providing you this notice at least sixty (60) days in advance of your Annual Recertification date in accordance with the HCV program regulations.

If you decide to terminate the Lease agreement, you must provide proper notice to both the landlord and the HCV office and also contact the HCV to obtain the necessary forms for moving or withdrawing from the HCV program.

The Lease, subject to WCHA approval, will continue with the change to the rent, unless the lease is properly terminated.

Owner (printed) _____

Owner Signature: _____ Date: _____

Tenant (printed): _____

Tenant Signature: _____ date: _____