



REQUEST FOR RENT INCREASE/DECREASE

TO BE COMPLETED BY PROPERTY OWNER (PLEASE PRINT OR TYPE)

Tenant's Name _____
 Rental Unit Address _____
 City _____ State _____ Zip Code _____
 Phone # _____

Owner's Name _____ TIN or SSN _____
 Owner's Address _____
 City _____ State _____ Zip Code _____
 Phone # _____ Fax # _____
 Cell _____ Email _____

REASON FOR REQUEST (PLEASE CHECK THE APPROPRIATE BOX):
 Rent Increase Rent Decrease Change in Utility Responsibility Change # of Bedrooms

_____	_____	_____	_____
HAP Contract Anniversary Date	Current Rent	Requested Rent	Proposed Effective Date
_____	_____	_____	_____
Landlord/Owner Signature	Date	Participant Signature	Date

GENERAL UNIT INFORMATION

of Bedrooms _____ # of Bathrooms _____ Full ½ _____ Unit Size _____ square feet

BUILDING TYPE
 Check here if apartment
 Single Family Detached Duplex/Triplex/Fourplex Row house/Townhouse
 Manufactured High Rise Low Rise (including garden/walkup) Single Room Occupancy

AMENITIES AND SERVICES INCLUDED IN RENT

<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Stove	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Pool
<input type="checkbox"/> Pest Control	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Lawn Care	<input type="checkbox"/> W/D Hookups
<input type="checkbox"/> Washer/Dryer in Unit	<input type="checkbox"/> Washer/Dryer in Complex	<input type="checkbox"/> Ceilings Fans	<input type="checkbox"/> Microwave
<input type="checkbox"/> Gated Community	<input type="checkbox"/> Central Air	<input type="checkbox"/> Window/Wall A/C Unit	

HEAT SOURCE

Central Air Heat Pump Window/Wall Space

PARKING

_____ Car Carport Assigned _____ Car Garage Street Unassigned None

EXTERIOR

Balcony Patio Deck Porch



UNIT QUALITY (Please check one of the following)

- Newly constructed or completely renovated
- Well maintained and or/partially renovated
- Adequate, but some repairs may be needed soon

UTILITY INFORMATION (check the appropriate boxes):

Does the information below indicate a change in the utility responsibilities? Yes No
 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	Specify fuel type	Paid By
Heating	<input type="checkbox"/> Bottle Gas <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal or other	
Cooking	<input type="checkbox"/> Bottle Gas <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal or other	
Water Heating	<input type="checkbox"/> Bottle Gas <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Coal or other	
Other Electric		
Water		
Sewer		
Trash Collection		
Refrigerator		
Range/Microwave		
Other (specify)		

Acknowledgment and Signature:

I have reviewed this form and acknowledged (1) the Owner's request for a rent increase and (2) that the utility information above correctly describes who is responsible for paying each utility and providing the stove and refrigerator. **By signing below I understand that this request may result in an increase in my portion of the rent. I also understand that I may exercise my right to relocate with my voucher if I cannot afford my new portion.**

Participant Signature _____
Date

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 that the tenant may exercise their right to move. By submitting this rent increase request, I understand that the BRHA must thoroughly evaluate my request including comparing the requested rent to rents charged for comparable, market-rate units in the vicinity of the subject unit. This could result in one of three outcomes: (1) a denial of the request to change the rent amount (2) a decrease in the current rent amount or (3) 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 BRHA finds that the rent charged by the Owner exceeds rents charged for other comparable unassisted units. Request for rent increases must be requested within 60 days before the anniversary of the lease for the new rent to be effective on the anniversary date. The BRHA shall not grant a rent increases unless the Owner has complied with obligations under the HAP contract, including compliance with the HQS for all contract units. The BRHA may require owners of multi-unit rental projects to provide a rent roll. The BRHA may limit and/or deny rent increase requests due to funding availability or restrictions.

Owner Signature _____
Date



APPLIANCES AND UTILITY ADDENDUM

TO BE ATTACHED TO THE LEASE

Mark with an "X" next to the appliances provided by Landlord.

Mark with a "T" for tenant and "O" for owner to indicate who pays for each utility.

APPLIANCES PROVIDED BY

UTILITIES PAID BY

REFRIGERATOR _____
 STOVE _____
 MICROWAVE _____
 DISHWASHER _____
 WASHER/DRYER _____
 AIR CONDITIONER _____

WATER _____
 SEWER _____
 TRASH _____
 ELECTRIC _____

 LANDLORD

 TENANT