

RENT INCREASE REQUEST CHANGE IN UTILITIES



In order to process your Rent Increase this form must be filled out in its entirety and sent to the Inspection Department at least 60 days prior to the anniversary date.

Date: _____
 Apartment or Owner Name: _____
 Address of Unit: _____ Apt #: _____ Zip Code: _____
 Number of Bedrooms: _____ Number of Baths: _____ Sq Feet: _____ Year Built: _____
 Client Name: _____ Client Number: _____
 Current Unit Contract Rent: _____ Requested Unit Rent: _____

Requested CHANGE in payment utilities

Client will now pay: (check all that apply)

Electric: _____ Gas: _____ Water: _____ Sewer: _____ Trash: _____

Owner's Certifications: A. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of project with more than 4 units MUST complete the following section for most recently leased comparable unassisted units within the premises.**

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

A rent reasonable survey will be conducted to ensure the rent amount approved is in accordance to HUD regulations. If the rent is not rent reasonable, a denial letter will be sent to the landlord and client.

This serves as written notice that the rent of the unit may increase and that both parties' signatures are required to process this increase or utility change. If the unit is determined to be rent reasonable this amount will be implemented on the client's anniversary date and the rent change notice will be sent to the landlord and client.

Note: The client may relocate at their anniversary date if proper notice is given to the landlord and FWHS. If the new rent amount creates a burden to the client, the client has the right to give the landlord proper notice to relocate. Effective date of the increase will be either the anniversary date or 60 days after the 1st of the month following the receipt of the increase request. The client may contact the counselor if there are any questions.

Landlord Signature: _____ Client signature: _____

FWHS OFFICE USE ONLY

Approved: _____ Denied: _____ New Rent: _____ Start Date: _____

Inspector: _____



Revised: October 2016