

# PBV RENT INCREASE REQUEST & VERIFICATION OF UTILITIES



In order to process your Rent Increase this form must be filled out in its entirety and sent to the Inspection Department at [rentincrease@fwhs.org](mailto:rentincrease@fwhs.org) or fax to (817) 333-3550 at least 60 days prior to the anniversary date.

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

Property Name: \_\_\_\_\_

Address of Unit: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Baths: \_\_\_\_\_ Sq Feet: \_\_\_\_\_ Year Built: \_\_\_\_\_

Current Unit Contract Rent: \_\_\_\_\_ Requested Unit Rent: \_\_\_\_\_

This portion **MUST** be filled out.

**Tenant CURRENTLY PAYS: (Check all that apply)**

Electric  Gas  Water  Trash  Sewer  None

**Requested CHANGE tenant pays: (Check all that apply)**

Electric  Gas  Water  Trash  Sewer  None

**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. This serves as written notice that the rent may increase. If the rent is not rent reasonable, a denial letter will be sent to the landlord and client.

If the rent is reasonable, the rent increase will be implemented on the month following the anniversary date of the HAP contract and a rent change notice will be sent to the landlord and client.

Landlord signature: \_\_\_\_\_

### FWHS OFFICE USE ONLY

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ New Rent: \_\_\_\_\_ Start Date: \_\_\_\_\_

Inspector: \_\_\_\_\_



Revised October 28, 2020