

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 or fax to (817) 333-3550 at least 60 days prior to the anniversary date.

Apartment or Owner Name: _____
(if apartment, please put apartment name)

Apartment or Owner Email: _____

Address of Unit: _____ Apt #: _____ Zip Code: _____

Number of Bedrooms: _____ Number of Baths: _____ Sq Feet: _____

Single Family Detached Duplex-Sixplex Multifamily Apt Manufactured Home

Client Name: _____ Client Number: _____

Current Unit Contract Rent: _____ Requested Unit Rent: _____

This portion **MUST** be filled out.

Please specify the appliances:

Cooking: Gas Electric Heating: Gas Electric Water Heater: Yes No If yes: Gas Electric

Tenant CURRENTLY PAYS: (Check all that apply)

Electric Gas Water Trash Sewer None

CHANGE to 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 FWHS tenant is not more than the rent charged for other unassisted comparable units. **Owners of properties 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.

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's signature: _____ Date: _____

FWHS OFFICE USE ONLY

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

Inspector: _____

