

RENT INCREASE REQUEST FORM

The Housing Choice Voucher Program (HCV) requires that a written request (provided below) for a rent increase be submitted by the owner/management agent. All rent increase requests must be received **sixty (60) days** but no more than **ninety (90) days** before the requested effective date. Please submit this request to the landlord portal on WHEDA website.

Important Notice to Owner/Management Agent

- All increases are based on rent reasonableness (i.e. rents of comparable non-assisted units).
- No rent increases can occur during the first 12 months of a new contract.
- There are no automatic annual rent increases.

I, _____, am requesting an increase in the rent for
(Owner/Management Agent)
_____ who resides at: _____
(Tenant's Name) (Unit Address)
_____ beginning _____.
(City/State/Zip) (MM/DD/YY)

The request in the amount of \$_____ is warranted because of: _____

For the purposes of the rent reasonableness study please check the amenities included with the unit:

<input type="checkbox"/> Hardwood floors	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Modern Appliances
<input type="checkbox"/> Carpeting	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Washer/Dryer Hookup	<input type="checkbox"/> Laundry Facilities
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Range/Stove	<input type="checkbox"/> Gated Community	<input type="checkbox"/> Window/Wall AC
<input type="checkbox"/> Central AC	<input type="checkbox"/> Handicap Accessible	<input type="checkbox"/> Security System	<input type="checkbox"/> Fenced Yard
<input type="checkbox"/> Deck/Balcony/Patio/Porch	<input type="checkbox"/> Playground/Court	<input type="checkbox"/> Cable/Internet Ready	<input type="checkbox"/> Pool
<input type="checkbox"/> Pest Control	<input type="checkbox"/> Garage	<input type="checkbox"/> Covered/Off-Street Parking	<input type="checkbox"/> Lawn Care
<input type="checkbox"/> Elevator	<input type="checkbox"/> Washer/Dryer in Unit	<input type="checkbox"/> Distance to Bus Stop _____	<input type="checkbox"/> Renovations in _____

Owner/Management Agent Signature

Date

I certify that the information provided on this form is complete and accurate to the best of my knowledge. As an owner, I understand that the request may result in an increase of the tenant's portion and that the tenant may exercise the right to move as a result. I also certify that I have informed my tenant of the requested rent increase.