



REQUEST FOR RENT INCREASE/DECREASE

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

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

Owner's Name _____ TIN or SSN _____
Owner 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 # Bedrooms

HAP Contract Anniversary Date _____ Current Rent _____ Requested Rent _____ Proposed Effective Date _____

GENERAL UNIT INFORMATION

of Bedrooms _____ # of Bathrooms _____ Full ☐ 1/2 Unit Size _____ square feet

BUILDING TYPE

Check here if Condo ☐

☐ Single Family Detached ☐ Duplex/Triplex/Fourplex ☐ Rowhouse/Townhouse ☐ Manufactured ☐ High Rise
☐ Low Rise (including garden/walkup) ☐ Single Room Occupancy

AMENITIES AND SERVICES INCLUDED IN RENT

☐ Garbage Disposal	☐ Stove	☐ Dishwasher	☐ Pool
☐ Pest Control	☐ Refrigerator	☐ Lawn Care	☐ W/D Hookups
☐ Washer/Dryer in Unit	☐ Washer/Dryer in Complex	☐ Ceiling Fans	☐ Microwave
☐ Gated Community	☐ Central Air	☐ Window/Wall A/C Unit	

Heat Source

☐ Central Air	☐ Heat Pump	☐ Window/Wall	☐ Space
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PARKING

☐ _____ Car Carport	☐ Assigned	☐ _____ Car Garage	☐ Street	☐ Unassigned	☐ None
☐ Driveway	☐ Open	☐ Covered			

EXTERIOR

☐ Balcony	☐ Patio	☐ Deck	☐ Porch
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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

(If Yes, a new Housing Assistance Payment Contract must be executed with HACFL)

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	☐ Natural Gas	☐ Electric	
Cooking	☐ Natural Gas	☐ Electric	
Water Heating	☐ Natural Gas	☐ Electric	
Other Electric			
Water			
Sewer			
Trash Collection			
Refrigerator			
Range/Microwave			
Other (specify)			

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 and that the tenant may exercise their right to move. By submitting this rent increase request, I understand that HACFL 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 HACFL finds that the rent charged by the Owner exceeds rents charged for other comparable unassisted units. Request for rent increases must be requested at least 60 days before the anniversary of the lease for the new rent to be effective on the anniversary date. HACFL shall not grant a rent increase unless the Owner has complied with obligations under the HAP contract, including compliance with the HQS for all contract units. HACFL may require owners of multi-unit rental projects to provide a rent roll. HACFL may limit and/or deny rent increase requests due to funding availability or restrictions.

Owner Signature

Date