

**PROCEDURE**

1. Rent-adjustment requests may be submitted only **after** the initial lease term has ended and must be consistent with the lease.
2. During the initial lease term, the owner **may not** change the contract rent.
3. The tenant must be informed, in writing, that a rent-adjustment request has been submitted.
4. The owner must submit the written request **no fewer than 60 calendar days** before the proposed effective date of the increase.
5. The Public Housing Authority (PHA) will conduct a reasonable-rent analysis, as required by HUD regulations. If the proposed rent is determined unreasonable, the PHA will send the owner a written denial.
6. If the proposed rent is approved, the adjustment will take effect on the later of
  - the first day of the month that falls on or after the contract's anniversary date, or
  - 60 days after the first day of the month following the PHA's receipt of the owner's request.
7. Only one rent increase may be approved for a unit within any 12-month period that begins with the initial occupancy date.
8. All deficiencies cited in the most recent inspection must be corrected and verified by the PHA before a rent-adjustment request will be considered.
9. Submit a separate rent-adjustment request for **each** leased unit.

REQUEST TYPE		
Increase of rent	Decrease of rent	Change of utility responsibility

LANDLORD/OWNER INFORMATION			
Full Name (First, Middle, Last)			
Street Address		City	State
Phone		Email	

TENANT INFORMATION			
Full Name (First, Middle, Last)			
Street Address		City	State
			ZIP Code



LEASE INFORMATION		
Will the lease be renewed? YES / NO	Effective date of renewed lease	Expiration date of renewed lease
Is this a month-to-month lease? YES / NO	Has the landlord or tenant provided notice of non-renewal? <i>(If yes, attach a copy.)</i> YES / NO	
Current rent	Proposed rent	Requested effective date
Assigned HATC housing specialist name		

**Owner's Certification:** Program regulations require the PHA to certify that the rent charged to an assisted tenant does not exceed the rent charged for comparable unassisted units. If the property contains more than four units, the owner must complete the section below and list the most recently leased comparable unassisted units in the building or complex.

COMPARABLE UNITS <i>(leave blank if property does not contain over four units)</i>			
Does the property contain more than four units? YES / NO			
1	Address and unit number	Date leased	Rental amount
2	Address and unit number	Date leased	Rental amount
3	Address and unit number	Date leased	Rental amount

UNIT INFORMATION			
Single-family / detached house	Manufactured / mobile home	Apartment	Duplex
No. of bedrooms	No. of bathrooms	Square ft.	Year built

UTILITIES						
Service	Type				Paid by	
Heat	Natural gas	Propane	Electric	Oil	Owner	Tenant
Cooling	Central	Window / wall	None		Owner	Tenant
Hot water	Natural gas	Propane	Electric	Oil	Owner	Tenant
Water	City	Well			Owner	Tenant



Sewer	Public	Septic	Owner	Tenant
Cooking	Natural gas	Propane	Electric	Oil
	Owner	Tenant		

**OWNER PROVIDED MAINTENANCE**

Lawn	Pest Control	Trash
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**AMENITIES**

Stove/range	Refrigerator	Dishwasher	Microwave	Washer
Dryer	Hook-ups for washer/dryer	Garbage disposal	Ceiling fans	
	Gated community	Swimming pool		

**PARKING**

Garage	1 space	2+ spaces		
Carport	1 space	2+ spaces		
Other	Assigned	Unassigned	Driveway	None

**CONDITION**

New	Very good	Good	Average	Fair	Below average
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**ATTESTATION**

*I attest that all information provided is true and that a copy of this notice has been given to the tenant.*

Signature	Date
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