

## RENT ADJUSTMENT REQUEST

For participants in the Housing Choice Voucher Program administered by Housing Alliance HTX, officially known as the Houston Housing Authority (hereinafter the “Agency”).

**This request is for:**     **Rental Increase Request**         **Change in Utilities Responsibility**         **Both**

In order to process your Rent Adjustment Request, this form must be filled out in its entirety and sent to the Inspections Department at [rentalincrease@alliancehtx.org](mailto:rentalincrease@alliancehtx.org) at least 60 days prior to the anniversary date. After the first year anniversary of the lease, the owner may request only one (1) adjustment to the contract rent within a 12 month period.

Apartment or Owner Name (if Apartments, enter complex name: \_\_\_\_\_)

Complete Address of Unit: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

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

### Rental Adjustment Procedure:

Owners and Managers are **required** to submit **two (2)** documents in order for the Agency to process a rent adjustment:

- 1. Rent Adjustment Request Form (including completed Unit Information page)**
- 2. Tenant's Acknowledgment of Rent Adjustment Request**

Each unit will be processed individually for a rental adjustment. If an owner/manager has more than one unit and wants a rental adjustment on several units at the same time, the Rental Adjustment Procedure will be followed for each individual unit. Group rent adjustments are **NOT** allowed.

**Owner’s Certifications:** The program regulation requires the PHA to certify that the rent charged to the Agency 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. Comparable units must be the same type and similar size to the assisted unit identified above.**

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

A rent reasonable survey will be conducted to ensure the requested rent amount is reasonable in accordance with HUD regulations. If the rent amount requested is determined not to be reasonable, a denial letter will be sent to the landlord. Rent adjustments, if determined reasonable by the Agency, are effective the first day of the first month commencing on or after the contract anniversary date or 60 days from the first of the month following receipt of the owner request, whichever is later.

Landlord Email: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_

**Landlord signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### AGENCY OFFICE USE ONLY

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

Market Analyst: \_\_\_\_\_ Date: \_\_\_\_\_

## Unit Information (Form MUST be completely filled out)

Tenant Name: \_\_\_\_\_ Proposed Rent: \_\_\_\_\_  
 Unit Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**Unit Size & Age**

# of Bedrooms: \_\_\_\_\_  
 # of Bathrooms: \_\_\_\_\_  
 Square Feet: \_\_\_\_\_  
 Year Built: \_\_\_\_\_

**Unit Quality**

New construction or completely renovated  
 Well maintained or partially renovated  
 Adequate but some repairs may be needed soon

**Building Type**

Single Family / Detached House  
 Manufactured / Mobile Home  
 Two / Three Family (Duplex)  
 Apartment / Townhome / Condo

**Flooring Materials**

Carpet  
 Hardwood  
 Tile  
 Vinyl

**Air Conditioning**

Central  
 Window / Wall  
 Evaporative Cooler  
 None

**Appliances / Amenities (Included with Rent)**

Stove / Range       Washer (W)  
 Refrigerator       Dryer (D)  
 Gated Community       W/D Hookup Only  
 Pool       High Speed Internet  
 Cable TV

**Parking**

Street  
 Off-Street  
 Garage  
 Carport  
 Assigned

**Distance to Light Rail**

Service not available  
 Onsite  
 Within \_\_\_\_\_ blocks (enter 1-5)  
 Within \_\_\_\_\_ miles (enter 1-5)  
 More than 5 miles away

**Distance to Bus Stop**

Service not available  
 Onsite  
 Within \_\_\_\_\_ blocks (enter 1-5)  
 Within \_\_\_\_\_ miles (enter 1-5)  
 More than 5 miles away

**Other Features**

Cable ready  
 Ceiling fans  
 Dishwasher  
 Garbage Disposal  
 Microwave  
 Mini blinds

**Other Features**

Back Porch  
 Balcony  
 Deck  
 Fenced back yard  
 Fenced front yard  
 Front porch  
 Patio

**Accessibility Features**

32" doors  
 Flat entry  
 Ramped entry

**\*\*\*\*\* For Change in Utilities Responsibility Only - Complete the section below \*\*\*\*\***  
***NOTE: A new HAP Contract will be required to reflect the change in utilities responsibilities.***

Utility	Type		Paid By	
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
Water Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
Other Electric			<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
Water	<input type="checkbox"/> City Water		<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
Sewer	<input type="checkbox"/> Public Sewer		<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
Air Conditioning			<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
Refrigerator		Provided By	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner
Range		Provided By	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner

### **Tenant's Acknowledgement of Rent Adjustment Request**

For participants in the Housing Choice Voucher Program administered by Housing Alliance HTX, officially known as the Houston Housing Authority (hereinafter the "Agency").

*This form is to establish that by mutual written agreement, the Owner and Tenant have agreed to a request for rental adjustment.*

**To Tenant:** Please review this notice carefully prior to signing the Tenant's Acknowledgment of Rent Adjustment Request below. Your signature indicates that you have been notified of the proposed rental adjustment and / or the changes in utilities responsibilities.

**To Owner:** On or after the anniversary of the first year or term of the lease and HAP contract, owners may request one (1) rent adjustment in a 12-month period. All adjustment requests submitted to the Agency must be requested in writing and include a Tenant's Acknowledgment of Rent Adjustment Request that is signed by the owner **and** the tenant.

***Rent adjustments, if determined reasonable by the Agency, are effective the first day of the first month commencing on or after the contract anniversary date or 60 days from the first of the month following receipt of the owner request, whichever is later. A new HAP Contract will be required to reflect any changes in utilities responsibilities.*** In order for the tenant to remain in the unit, the new rent must meet rent reasonableness. If it does not, the Agency will advise the owner of the rental amount that has been deemed reasonable by market rent analysis or allow the owner to submit alternative comparable leases in an effort to negotiate the increased amount. If the owner cannot prove a higher market rent and will not accept a rent amount counter-offered by the Agency, the tenant will be issued a voucher to move to a program acceptable unit.

Street Address of Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Lease Beginning Date: \_\_\_\_\_ Current Lease Expiration Date: \_\_\_\_\_

Is this lease a month-to-month lease?  Yes  No

Current Contract Rent Amount: \_\_\_\_\_

New Proposed Contract Rent Amount: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

***Confirmation of Tenant:***

**I confirm that I have read this notice and agree to the increase in rent specified in this notice. I understand that if the increased amount is approved as reasonable and if it exceeds my current payment standard, I may be responsible for the difference.**

\_\_\_\_\_  
Tenant Name (Printed)

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

***Affirmation of Owner:***

**I affirm the truth of all statements made in this notice. I have also provided a copy of this form to the tenant for their records.**

\_\_\_\_\_  
Owner Name (Printed)

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date