



Housing Authority of the County of Berks



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RENT INCREASE REQUEST FORM **HOUSING CHOICE VOUCHER (HCV) PROGRAM**

Please return this form to initiate your request for a rent increase.

IMPORTANT NOTE: When you submit a rent increase request, a rent reasonableness test will be conducted. At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or re-determined by the BCHA.

A request for a rent increase must comply with all of the following requirements before the BCHA can approve your request:

- You must first provide confirmation that your tenant will sign an amended lease for the request rent. This is done by having the tenant sign this form prior to submission.
- Only one request per unit will be processed by the BCHA during any 12-month period.
- Your request must be submitted no less than **60 days prior to the anniversary date** of the HAP contract, and, if approved, will be effective on the anniversary date.
- No rent increases are permitted during the first 12 months of a new contract.
- The amount of your request cannot exceed rents for comparable unassisted units in the same neighborhood of your assisted unit.

In addition, you must include the following documentation with this request:

- A new lease addendum, signed by landlord and tenant, accepting the approved rent increase.
- Your current rent roll, for multi-family apartment buildings or complexes with (3) or more units.

NOTE TO TENANT: Your monthly portion may increase by some or all of the approved rent-increase amount.

Amount of current contract rent is \$ _____ per month. Date of last rent increase: _____

I would like to increase the rent to \$ _____ per month, effective on the anniversary date of the HAP contract.

Please sign and date below:

X

Owner/Agent Signature

Print Name

Date

X

Tenant Signature

Print Name

Date

RENT INCREASE REQUEST FORM – HCV PROGRAM

Landlord/Owner Name: _____

Landlord Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone Number: _____

Tenant's Name: _____

Unit Address: _____

City: _____ State: _____ ZIP: _____

Initial Date of Tenant's Occupancy: _____

The reason(s) for the requested change are checked/described below. **During the past year:**

Property taxes increased approximately \$_____.

Insurance costs increased approximately \$_____.

The following maintenance items and/or improvements were made:

The rates for the following utilities, **which are included in the rent,** have increased:

Electric \$_____ Heat \$_____ Water \$_____ Sewer \$_____ Trash \$_____

Other increased costs (please specify):

Landlord/Owner Signature: _____ Date _____

IMPORTANT: Although there are no HUD ceilings on the rents charged in the Housing Choice Voucher Program, the rent must still be reasonable and comparable to the rents charged for comparable unassisted units. The BCHA makes the determination of reasonableness and comparability based on a computerized database of area rental listings and rental market information.

RENT INCREASE REQUEST FORM – HCV PROGRAM

UNIT INFORMATION

Bedrooms: _____ Bathrooms: _____ Size in square feet: _____ Year built: _____
 Total number of units in building or complex: _____

Type of Residence: Single-Family Detached Duplex Row/Townhouse
 Low-Rise Apts. (1-3 stories) High-Rise Apts. (4+ stories)
 Mobile/Manufactured Home

Appliances Provided by Owner: Washer/Dryer Dishwasher Garbage Disposal

Amenities: Fenced Private Yard Central Air Elevator Fireplace/Wood Stove
 Finished Basement Washer/Dryer in Unit On-Site Laundry
 Other: _____

UTILITIES AND APPLIANCES

Item Type		Paid by:
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas/Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal/Other	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas/Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal/Other	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas/Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal/Other	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Electric	Electric for lights, appliances, etc.	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Water	Name of Water Company:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Sewer	Name of Sewer Company:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Trash Collection	Name of Trash Hauler:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Air Conditioning		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Refrigerator	Is refrigerator provided by:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Range/Microwave	Is range provided by:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Other (specify):		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant

BCHA RENT DETERMINATION

Pursuant to Section B-6 of the HAP Contract, the BCHA has reviewed your rent increase request to determine if the requested rent is reasonable and does not exceed comparable market rate rents. The following details the BCHA’s decision:

- APPROVED:** The requested rent amount is reasonable compared to similar market-rate units. The new rent amount will be effective on the renewal date of your HAP contract.
- ADJUSTED:** The requested rent amount is not reasonable compared to similar market-rate units, but has been adjusted to a rate that is reasonable. The adjusted rent amount is \$_____, which will be effective on the renewal date of your HAP contract.
- REJECTED:** The requested rent amount is not reasonable compared to similar market-rate units. Please resubmit your request 60 days before your next annual HAP contract renewal.
- REJECTED:** Your rent increase request cannot be processed because it was received late. Please resubmit your request 60 days before your next annual HAP contract renewal.

BCHA Signature _____ Date _____