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
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.
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

<table>
<thead>
<tr>
<th>Item Type</th>
<th>Paid by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heating</td>
<td>□ Natural Gas □ Bottle Gas/Propane □ Oil □ Electric □ Coal/Other</td>
</tr>
<tr>
<td>Cooking</td>
<td>□ Natural Gas □ Bottle Gas/Propane □ Oil □ Electric □ Coal/Other</td>
</tr>
<tr>
<td>Water Heating</td>
<td>□ Natural Gas □ Bottle Gas/Propane □ Oil □ Electric □ Coal/Other</td>
</tr>
<tr>
<td>Electric</td>
<td>Electric for lights, appliances, etc.</td>
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<tr>
<td>Water</td>
<td>Name of Water Company:</td>
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<tr>
<td>Sewer</td>
<td>Name of Sewer Company:</td>
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<tr>
<td>Trash Collection</td>
<td>Name of Trash Hauler:</td>
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<tr>
<td>Air Conditioning</td>
<td></td>
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<tr>
<td>Refrigerator</td>
<td>Is refrigerator provided by:</td>
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<tr>
<td>Range/Microwave</td>
<td>Is range provided by:</td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
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</tbody>
</table>

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________________