

**SPRINGFIELD HOUSING AUTHORITY SECTION 8 PROGRAM
REQUEST FOR RENTAL INCREASE**

To: Springfield Housing Authority Landlord Name: _____
200 N 11th St Landlord Address: _____
Springfield, IL 62703 City, State & Zip: _____

RE: Tenant Name: _____
Address: _____
City & Zip: _____

RENTAL INCREASES MUST BE SUBMITTED AT LEAST 60 DAYS IN ADVANCE

Current Rent: \$_____ per month Proposed Increase Amount: \$_____ per month

New Rent: \$_____ per month Proposed Effective Date: ____/____/____

Reason For Request:

_____ Property taxes increased approximately \$_____

_____ Insurance cost increased approximately \$_____

_____ The following maintenance items and or improvement were made:

_____ Included utility rates have increased \$_____

Utilities Included: Electric _____ Gas _____ Water/Sewer _ Garbage: _____

_____ Other increased costs: _____

RENT COMPARABILITY: The rent on similar units has been raised to \$_____ per month.

Landlord Signature Date Tenant Signature Date

*Submission of this form does not guarantee that the increase will be granted by SHA.
After the initial year lease, only one request per 12 month period may be submitted*