



SECTION 8 HOUSING CHOICE VOUCHER PROGRAM REQUEST FOR RENTAL INCREASE*

Owner/Landlord Name: _____ Tenant Name: _____

Landlord Address: _____ Tenant Address: _____

City, State & Zip: _____ City, State & Zip: _____

RENTAL INCREASES MUST BE SUBMITTED AT LEAST SIXTY (60) DAYS IN ADVANCE

REQUESTED CHANGES PER MONTH:

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 \$ _____

Maintenance and/or improvements: _____

Included utility rates have increased \$ _____ per month

Utilities included with rent: Electric Gas Water/Sewer Garbage

Other increased costs: _____

RENT COMPARABILITY:

The rent on similar units has been raised to \$ _____ per month

_____/_____/_____
Owner/Landlord Signature Date Tenant Signature Date

FOR SHA STAFF ONLY

Received By: _____ Date: _____ / _____ / _____

Rent Reasonable: Yes No If no, reasonable rent: \$ _____

Notice Sent to Tenant/Owner: Yes No

Completed by Specialist: _____ 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 twelve (12) month period may be submitted

