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Changing lives one key at a time

## 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 INCREA	ASES MUST	BE SUBMIT	TED AT LEAS	T SIXTY (60) DAYS	IN ADVANCE		
REQUESTED CHANGES PER MO	NTH:						
Current Rent:	\$	per month					
Proposed Increase Amount:		+ \$	per month				
New Rent:		\$	per month				
Proposed Effective Date:		/					
REASON FOR REQUEST:							
Property taxes increased ap	\$						
☐ Insurance cost increased ap	\$						
☐ Maintenance and/or improv	vements:						
☐ Included utility rates have in	\$	per month					
Utilities included with rent:	Electric	Gas	☐Water/Sewer	Garbage			
Other increased costs:							
RENT COMPARABILITY:							
The rent on similar units has be	en raised to	\$	per month				
Owner/Landlord Signature		/ /	 Tenant Sign	nature	/ Date	<u>/</u>	
		FOR SH	A STAFF ONLY				
Received By:			Date	<u></u>			
Rent Reasonable:	Yes	☐ No	If no	If no, reasonable rent: \$			
Notice Sent to Tenant/Owner:	Yes	☐ No					
Completed by Specialist:			Date	<u></u>			

\* Submission of this form does not guarantee that the increase will be granted by SHA



## SHA RENT REASONABLENESS ASSESSMENT DATA SHEET

SHA is required to assess whether the proposed rent for your unit is comparable to similar units within its local market. SHA's Rent Reasonable assessment is based on the information you provide on this sheet. Your signature below certifies that the statements made on this form are true and correct. If the SHA Inspector is unable to verify the information provided, SHA will need to re-assess the proposed rent and may need to request that it be lowered, which will delay the processing of your contract approval.

Tenant Name:	Address:								
Apartment #:		City:					Zip:		
About The Unit: Requested Rent:	\$	_ Square Footage:			Unit Age	e:	Built:		
Number of Bedrooms:		Number of Full Baths:		ıs:	Half Bat	hs:			
Building Type:	☐ Single Family		Semi-Detached  ☐ Duplex  ☐ Row House  ☐ Townhouse	□ Manufac	tured/Mobile Hom	e □ Garden/Walk-U	Jp □ High Rise		
Unit Condition:	☐ Excellent	$\square$ Good	☐ Fair	☐ Poor	r				
Unit Size:	☐ Large	☐ Medium	☐ Small						
Utilities Included	<b>d:</b> □ Electric	□ Gas □	□ Water □	Sewer	☐ Garbage	☐ Other Electric ☐ W	/ater Heating □ A/C		
Property Amenities:  ☐ Basement		☐ Business/Fitness Center		□ Cab	le/Internet Ready	☐ Carpeting	☐ Carpeting		
☐ Ceiling Fans		☐ Central A/C		□ Cera	amic Tile Floors	☐ Clubhouse	☐ Clubhouse		
☐ Covered/Off-Street Parking		☐ Deck/Balcony/Patio/Porch		ı 🗆 Dish	washer	☐ Elevator	☐ Elevator		
☐ Energy Efficient Cert Unit		☐ Fenced		☐ Gara	age	☐ Garbage Di	☐ Garbage Disposal		
☐ Handicap Accessible		☐ Hardwood Floors		☐ Lauı	ndry Facilities	☐ Modern Ap	☐ Modern Appliances		
☐ Playground/Courts		□ Pool		□ Ran	ge	☐ Refrigerato	☐ Refrigerator		
☐ Security System		☐ Storage		□ Was	sher/Dryer Hook-up	o □ Wall/Wind	☐ Wall/Window A/C		
☐ Working Fireplace		☐ Yard Sprinkler System		□ Oth	er Amenities:				
Housing Services	s:	□ Yes (Ex: r	eceive packages f	for tenants, fr	ee basic cable/Wi-F	Fi, lawn upkeep/snow re	emoval) 🗆 No		
Maintenance:		☐ On-Site		□ Off-9	Site				
Landlord Signature:						Date:	/ /		
Landlord Printed	d Name:								
Section 8 Inspec	tor Signature:					Date:	1 1		

