

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

To: Springfield Housing Authority
200 N 11th St
Springfield, IL 62703

Landlord Name: _____

Landlord Address: _____

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*