



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





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: _____ Built: _____

Number of Bedrooms: _____ Number of Full Baths: _____ Half Baths: _____

Building Type: Single Family Semi-Detached Manufactured/Mobile Home Garden/Walk-Up High Rise
 Duplex
 Row House
 Townhouse

Unit Condition: Excellent Good Fair Poor

Unit Size: Large Medium Small

Utilities Included: Electric Gas Water Sewer Garbage Other Electric Water Heating A/C

Property Amenities:

Basement Business/Fitness Center Cable/Internet Ready Carpeting
 Ceiling Fans Central A/C Ceramic Tile Floors Clubhouse
 Covered/Off-Street Parking Deck/Balcony/Patio/Porch Dishwasher Elevator
 Energy Efficient Cert Unit Fenced Garage Garbage Disposal
 Handicap Accessible Hardwood Floors Laundry Facilities Modern Appliances
 Playground/Courts Pool Range Refrigerator
 Security System Storage Washer/Dryer Hook-up Wall/Window A/C
 Working Fireplace Yard Sprinkler System Other Amenities: _____

Housing Services: Yes (Ex: receive packages for tenants, free basic cable/Wi-Fi, lawn upkeep/snow removal) No

Maintenance: On-Site Off-Site

Landlord Signature: _____ **Date:** ____/____/____

Landlord Printed Name: _____

Section 8 Inspector Signature: _____ **Date:** ____/____/____

