



CITY OF TUCSON

HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT HOUSING ASSISTANCE DIVISION

Rent Adjustment Request

Date: _____ Tenant Name: _____

Landlord name : _____ Tenant Address: _____
Tenant's last 4
SSN or CV No.: _____

All rent adjustments will be effective the first of the month following 60 days after the PHA's receipt of the completed owner's request or on the date specified by the owner, whichever is later.

Request for rent ☐ Increase ☐ Decrease

Current Rent: _____ Rent Requested: _____ Landlord specified
Effective Date: _____

Owner Certification:

The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted, comparable units. **Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.**

Address and Unit Number	Rental Amount	Date Rented or Renewal Date (must be within 12 months at time of request) MM/DD/YY	Bedroom Size (must be same bedroom size as unit being compared to)	Is unit occupied? (unit must be OCCUPIED)	Does family unit receive any type of rent assistance other than Section 8? (unit must be NON-assisted)
				Y N	Y N
				Y N	Y N
				Y N	Y N

Tenant and landlord **MUST** sign this form.

Tenant Date

Phone Number

Owner/Agent Date

Phone Number



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