

Post Office Box 1149 805 South Walker Street Burgaw, North Carolina 28425

Re:

Telephone: (910) 259-1208 FAX: (910)259-1343

Renewal Date: ____/____

LANDLORD LEASE RENEWAL AND RENT INCREASE QUESTIONNAIRE

Families on the Section 8 Housing Choice Voucher program must renew their assistance annually. Landlord feedback is valuable to us in making our decision about continuing to assist families on our program. We ask landlords with families coming up for annual renewal to answer the questions below accurately and honestly and return this form to us at least 30 days before the lease renewal date. Landlord who wish to request a rent increase must do so at least 60 days prior to the renewal date. Approval of rent increases is not guaranteed and increases are subject to rent reasonableness review. Thank you for your assistance!

Resident Name: _____

Unit Address:
Resident Performance
What is the condition of the Unit? Please choose one:
 I have performed regular inspections of the unit and the resident has maintained the unit as required. I have performed regular inspections of the unit and the resident has not maintained the unit and copie of the notices have been given to PCHD or are attached.
□ I have not performed regular inspections of the unit and do not know the current condition of the unit.
Has the Resident been given written notice of lease violations? Please choose one:
 There are no known lease violations. I have notified the resident of lease violations, including housekeeping and/or damages as required. (Please attach copies of the notices if not already given to the PCHD)
□ Even though damage or housekeeping concerns have been noticed, I have not notified the resident in writing.
Does the resident pay rent as required by the Lease & HAP Contract? Please choose one:
 □ The resident pays rent on time or, if it is late, makes arrangements to pay in a timely manner. □ The resident does not pay rent on time. Attached are copies of demands for payment. However, the resident does not have past due rent at this time.
□ The resident owes past due rent in the amount of \$ (include late charges) and copies of the notices have been given to PCHD <i>or</i> are attached.

Is this resident in good standing with you? Please choose one: □ This resident is in good standing. The resident has paid all amounts owed and the unit is in an acceptable condition. I would rent to this resident again. □ The resident is not in good standing and I have notified PCHD as required. I would not rent to this residen again. ■ Renewal Information Will the lease/ relationship with the resident be renewed? □ YES □ NO - I have given the resident notice to move □ NO — The resident has given me notice that he/she is moving. Will you be providing a new lease or completing a lease extension agreement? □ YES - If you provide a new lease or lease extension, please give a lease/lease extension to PCHD at least 30 days before to the renewal date □ NO, the relationship will be month-to-month Are you requesting an increase in rent? □ YES □ NO If yes, please state the proposed rent amount. (Be Specific) \$ □ NO Of Yes, please state the proposed rent amount. (Be Specific) \$ □ NO If yes, please state the existing rent amount as the renewal renewal. If an amount is not listed the Housing Authority will use the existing rent amount as the renewal renewal. If an amount is not listed the Housing Authority will use the existing rent amount as the renewal rent. Which of the following basic utilities will the tenant be responsible for paying in the coming year? (Check all that apphy) □ Natural Gas □ Propane □ Electric □ Water □ Sewer □ Trash □ Trash is hauled away □ Unit is on a well for water □ Unit has a septic tank □ The unit has all electric utilities □ None, all utilities are included in the rent Notice to Landlords In accordance with the Housing Assistance Payment (HAP) Contract, it is the landlord's responsibility to provide PCHD with copies of any written lease violations (serious or repeated) when they occur. Failure to do so is a violation of the terms of the Contract and can result in suspension of rental assistance payments or termination of the Contract. If there is damage beyond ordinary wear an	
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Owner/Landlord Representative's Signature Date Telephone Number	Owner/Landlord Representative's Signature Date Telephone Number

Printed Name of Landlord/Management Company/Owner