



**REQUEST FOR RENT INCREASE
Housing Choice Voucher Program**

Tenant (HOH) Name & Address: _____

Current Rent: \$ _____ Proposed Rent (after increase): \$ _____

Proposed Effective Date of Increase*: _____

***Note: Under the HAP contract, the effective date must be no less than sixty (60) days after the rent increase notice to tenant and THDA.**

Reason for Increase (check all that apply):

_____ Taxes Increased _____ Renovations/Repairs Completed _____
_____ Market Value Increased (should be evident from rents charged at other units in the area)
_____ Other (please state): _____

Owner's Certification of Rent Comparability

The rent requested for a unit occupied by a Housing choice Voucher participant must be comparable to similar, non-assisted units in the neighborhood. It will be helpful in THDA's review of the request for a rent increase if you complete the section below for units that have comparable amenities (same bedroom size, square feet, etc.) to the unit for which you are requesting the rent increase. If THDA cannot locate three (3) comparable units in the market area that lease for the proposed rent, the increase must be denied.

Owners of projects with more than 4 units must complete the following section for the most recently leased, comparable unassisted units within the premises. If the section below is not completed when the assisted unit is within a project of more than 4 units, the rent increase must be denied.

Unit Address (apt. # if appl.); Name and Phone of Contact person for Unit	Rent	Utilities Provided by Owner	Unit Type (Apt, House, Duplex, etc.)	No. Bedrooms	No. Baths
	\$				
	\$				
	\$				

By signing this form, I (landlord or management agent) am certifying that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units under my ownership/management. I also certify that I have copied this request to the tenant as notice of the proposed increase. I understand that the tenant may choose or be forced to relocate if they cannot afford a higher tenant rent.

Owner/Landlord/Mgmt. Agent Signature

Date

