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Wayne E. Pollard Director of Housing	TARRANT COU HOUSING ASSISTANCE C	Eaxt (017) 050 2007
	Rent Increase Reque	est Form
I, Print Name of Landlord	, request	t a rent increase for my rental unit.
		Zip code
		Effective Date:
Please state the reason for the rent increase:		
Unit Information (please circle all that apply)		
Type of Unit: House	Apartment Du	uplex Manufactured/Mobile
Year Built:	Square Footage:	:
Number of Bedrooms:	123456 Nu	umber of bathrooms: 1 1.5 2 2.5 3
Utilities Included: E	lectric Gas Propane W	Vater Sewer Trash
<ul> <li>TCHAO <u>will not</u> approve a rent increase where the requested effective date is during the initial term of the contract or during the term of a renewed lease. (If the landlord offers the tenant a new lease and the tenant accepts, the landlord <u>must</u> send TCHAO a copy of the new signed lease.)</li> <li>TCHAO <u>must</u> receive the rent increase request at least 60 days in advance of the requested effective date.</li> <li>TCHAO <u>will not</u> process a rent increase request received more than 120 days in advance of the requested effective date.</li> </ul>		
Signature:		Date:
E-MAIL: MikeMoncada@Ta FAX: 817-850-2907	DNCADA, INSPECTIONS SUPERVISO arrantCounty.com Ste. 200, Fort Worth, TX 76119	DR
Tarrant County Housing Assistance Office use ONLY		
Rent Reasonable: 🛛 Yes	□ No	
Approved: 🛛 Yes 🔲 No If yes, amount approved: \$		
	No If yes, amount approved: \$	

