



Rent Increase Request Form

Moving to Work
Housing Choice Voucher Program
Housing Authority of the City of Atlanta, Georgia

Date Received _____

ALL FIELDS MUST BE COMPLETED. REQUEST MUST BE SUBMITTED BY THE DEADLINE GIVEN. ANY INCOMPLETE FORMS MAY BE DELAYED OR REJECTED.

☐ **Utility change only (Landlord requesting changing responsibility for utilities)**

Property and Participant Information

Landlord Name _____ Landlord Vendor Number _____
Landlord Email Address _____ Landlord Phone Number _____
Property Name (if applicable) _____ Participant Name _____
Unit Address _____ Participant SSN _____
City _____ State _____ Zip _____
Sq. Feet _____ Year Built _____ # of Bedrooms _____ # of Bathrooms _____ Total # of Units in Building/Complex _____
Type of Residence (select one): ☐ Detached (<5 units : house, townhouse/villa, duplex) ☐ Multi-Family (5+ units : high-rise, low-rise)

Amenities Provided by Property Owner

☐ Washer/Dryer ☐ W/D hookups ☐ Dishwasher ☐ Garbage Disposal ☐ Ceiling Fan ☐ Pool
☐ Porch ☐ Balcony ☐ Deck ☐ Lawn Maintenance ☐ Pest Control ☐ Alarm System
☐ Off-Street Parking ☐ Garage Parking - # spaces: _____ ☐ Carport Parking - # spaces: _____
☐ Other _____

Utilities and Appliances

Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item Type	Specify Fuel Type	Provided by	Paid by O = Owner T = Tenant
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Heat pump		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric <input type="checkbox"/> Bottle gas		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Electric <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil		
Other Electric			
Water			
Sewer			
Air Conditioning	<input type="checkbox"/> Central A/C <input type="checkbox"/> Window Unit A/C		
Refrigerator			
Range/Microwave			
Other (specify)			

Rent Increase Request

Current Contract Rent

Contract Rent Request

AHA Rent Determination

Pursuant to Section B, 6 of the HAP contract, the Housing Authority of the City of Atlanta, Georgia (AHA), has reviewed your rent increase request to determine if the requested rent is reasonable and that it does not exceed other comparable market rate rents. The following details AHA's acceptance decision.

- ☐ **YES** Your rent increase request is reasonable with other market rate rents and will be effective on the renewal date _____ of your HAP contract.
- ☐ **ADJUSTED** Your rent increase request has been determined not to be reasonable with other market rate rents at this time, but has been adjusted to a rate that is reasonable. The adjustment rent amount is \$ _____, effective on the renewal date _____ of your HAP contract.
- ☐ **NO** Your rent increase request has been determined not to be reasonable with other market rate rents at this time. Please resubmit your request 120 days before your next annual HAP contract renewal.
- ☐ **NO** Your rent increase request was received late and the comparable analysis will not be conducted at this time. Please resubmit your request 120 days before your next annual HAP contract renewal.

AHA Signature _____ Date _____