



RENT INCREASE FORM

Date: _____

BOTH your tenant **and** DHA must receive at least 60 days notice of the rent increase request. The effective date of the rent increase will be on the 1st of the month following the 60 day notice. (For example: request received by DHA on 1/3/15 will be effective no sooner than 4/1/15.)

Owner Name:	Tenant Name:
Owner Address:	Tenant Address:
Owner Telephone Number:	Tenant Telephone Number:
Owner Signature:	Tenant Signature:
Current Contract Rent: \$	Requested Contract Rent: \$
Date of LAST Rent Increase: / /	Requested effective date: / /

Executing a new Lease? Yes _____ No _____ **If yes, please provide a copy of the new lease with this form. A new lease is NOT required unless utility responsibility has changed or new lease term is desired.**

Your tenant's signature must be present on this form to document receipt of notice OR you may attach documentation of your notice to this form.

Rent Increase Approval Are Based on Rent Reasonableness:

Be advised that Federal Regulations require that at all times during the assisted tenancy, the rent to owner not exceed the reasonable rent as most recently determined or re-determined by DHA. A Rent Reasonableness determination was made on your unit during the Initial inspection (or during the 2007 Annual inspection); therefore, your Rent Reasonableness will be based on information recently determined. Please provide documentation of any major changes which may have occurred to the unit since the initial inspection or annual 2007 inspection.

Owner certification of rents charged for other units: By accepting each monthly housing assistance payment from the DHA, the owner certifies that the rent to owner is not more than rent charged by the owner for comparable unassisted units in the premises. The owner must give DHA information requested on rents charged by the owner for other units in the premises or elsewhere.

Please submit form to: DHA, Attention: HCV/Section 8 Dept, PO BOX 40305, Mile High Station, Denver, CO 80204-0305; Section8@denverhousing.org; or via fax to (720) 932-3002. Telephone inquiries: (720) 932-3108.

***** (To be completed by the Housing Authority)*****

Inspector Assigned to Rent Reasonableness Determination:	Requested Rent Amount Meet Rent Reasonableness (Enter \$\$ Amt):	Requested Rent Amount Does NOT Meet Rent Reasonableness (Enter MAX \$\$ Amt):
	\$	\$
Approved Effective Date:	/ /	Program Manager Initials _____

UNIT WORKSHEET FOR RENT REASONABLENESS

Unit Address: _____

Tenant Name: _____

Please check one: New Request for Tenancy Approval (RFTA) _____

Rent Increase Request _____

Date of last HQS Inspection: _____

Please enter the following information regarding the above listed unit:

Number of Bedrooms _____ Number of Bathrooms: _____ Square Feet*: _____ Date Built: _____

*Square footage may be based on information obtained from: <http://www.denvergov.org/property>. Should you disagree with the information provided by this web site, please notify us in writing.

Unit Quality:

- ☐ Newly Constructed or completely renovated – Date of renovation _____
- ☐ Well maintained and/or partially renovated
- ☐ Adequate but some repairs may be needed soon

Building type:

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Triplex |
| <input type="checkbox"/> Apartments | <input type="checkbox"/> Quadplex |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Condominium |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> High-rise |

For Rent Increases:

DHA is required to certify that the rent charged to the HCV/S8 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 & Unit #	Date Rented	Rental Amount

I certify the rent requested for the above-referenced unit is not more than the rent charged for recently rented unassisted units in this complex.

Signature: _____

Flooring Materials (check all that apply): Carpet _____ Hardwood _____ Tile _____ Vinyl _____

Utilities Included with Rent

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Electric | <input type="checkbox"/> High Speed Internet |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Cable Television |
| <input type="checkbox"/> Water | <input type="checkbox"/> Heat |
| <input type="checkbox"/> Sewer | <input type="checkbox"/> Radiant |
| <input type="checkbox"/> Trash Pickup | |

Accessibility

- ☐ 32 inch Doors
- ☐ Flat Entry
- ☐ Ramped Entry

Appliances and Amenities for this unit

Stove type: Electric _____ Gas _____

Water heater: Electric _____ Gas _____

Heater: Electric _____ Gas _____

Air Conditioner: Window Mounted _____ Central _____ Evaporative (Swamp) Cooler _____ None _____

Washer (In unit): None _____ Hook up Only _____ Top Loading _____ Front Loading _____ Stacked _____

Dryer (In unit): None _____ Hook up Only _____ Top Loading _____ Front Loading _____ Stacked _____

Gated Community: Yes _____ No _____

Pool: Yes _____ No _____

Parking: On Street _____ Off-Street _____ Garage _____ Car Port _____ (Please do not check option(s) family does not use/pay for)

Distance to Light Rail: N/A _____ On Site _____ # of blocks away _____ Within _____ miles

Distance to Bus Stop: N/A _____ On Site _____ # of blocks away _____ Within _____ miles

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Cable Ready | <input type="checkbox"/> Mini-blinds | <input type="checkbox"/> Fenced Back Yard |
| <input type="checkbox"/> Ceiling Fan(s) | <input type="checkbox"/> Back Porch | <input type="checkbox"/> Fenced Front Yard |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Balcony | <input type="checkbox"/> Front Porch |
| <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Deck | <input type="checkbox"/> Patio |
| <input type="checkbox"/> Microwave | | |