

LANDLORD REQUEST FOR RENT INCREASE

A request for rent increase must comply with all of the following requirements before the Stark Metropolitan Housing Authority can approve your request.

- No rent increases can occur during the first 12 months of a new contract.
- Only one request per unit will be processed by this agency during any 12 month period.
- This form must be submitted no less than 120 days **prior** to the contract anniversary date.
- The amount of your request cannot exceed the rents for comparable unassisted units in the same neighborhood of your unit. Ref: 24 CFR 982.507(4)

Note to Landlord: *A rent reasonableness test will be conducted. If the results of this test indicate that your current contract rent should be reduced, SMHA HCVP is required to reduce the rent accordingly.*

Initial (Landlord)

- If the increase is approved, you will be sent a rental change notice.
- Please complete the back of this form: **Additional Unit Amenities Worksheet (page 2)**

Name of Tenant: _____

Address of Unit: _____

Current Contract Rent: \$ _____

Lease ending on: _____

Number of Bedrooms: _____

Year Unit Built: _____

Proposed Rent Increase: \$ _____

Landlord:

Name: _____
(Please Print)

E-mail: _____

Signature: _____

Date: _____

Telephone Number: _____

Fax: _____



CONFIRMATION OF AMENITIES PROVIDED BY LANDLORD:

Please check all applicable amenities, this list is used when determining Reasonable Rents for your area.

You are confirming the working condition of all listed amenities

- Square Footage of Living Space: _____ Baths: 1 1 ½ 2 2 ½
- | | | |
|---|--|---|
| <input type="checkbox"/> Basement/Attic | <input type="checkbox"/> Business/Fitness Center | <input type="checkbox"/> Cable/Internet Ready |
| <input type="checkbox"/> Carpeting | <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Central Air | <input type="checkbox"/> Ceramic Tile Floors |
| <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Covered and/or Off-street Parking | <input type="checkbox"/> Deck/Balcony/Patio/Porch |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Elevator | <input type="checkbox"/> Energy Efficient Cert Unit |
| <input type="checkbox"/> Fenced | <input type="checkbox"/> Garage <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Handicap Accessible |
| <input type="checkbox"/> Hardwood Floors | <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Modern Appliances |
| <input type="checkbox"/> Playground/Courts | <input type="checkbox"/> Pool | <input type="checkbox"/> Range |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Security System <input type="checkbox"/> Storage | <input type="checkbox"/> Washer/Dryer Hookups |
| <input type="checkbox"/> Window/Wall A/C Unit | <input type="checkbox"/> Working Fireplace | <input type="checkbox"/> Yard Sprinkler System |

Services Provided:

- Lawn Care Provided Pest Control Services Onsite Maintenance

Utilities and Appliances

The Owner shall provide or pay for the utilities and appliances indicated below by an "O".
 The HCV Client (Tenant) shall provide or pay for the utilities and appliances indicated below by a "T".
 Unless otherwise specified below, the Owner shall pay for all utilities and appliances provided by the owner.

	Paid/Provided by:
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil/Coal <input type="checkbox"/> Electric
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil/Coal <input type="checkbox"/> Electric
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil/Coal <input type="checkbox"/> Electric
Other Electric	
Water	
Sewer	
Trash Collection	
Air Conditioning	
Refrigerator	
Range or Microwave	
Other:	
Other:	

To the best of my knowledge, the information above is correct.

 Owner's Signature

 Date