



100 Arch Street-Little Rock, AR 72201
(501) 340-4821 phone (501) 340-4714 fax

RENTAL INCREASE REQUEST FORM

Landlord rent increase check list:

- _____ A copy of the current lease is attached to this request
- _____ A complete and accurate rent increase request (this form) was provided to MHA at least 60 days prior to the effective date of the proposed increase.
- _____ The proposed effective date begins on the first of a month

Tenant Name: _____

Unit Address: _____

Current Rent Per Month: \$ _____

Requested Rent Per Month: \$ _____

Requested Effective Date of New Amount: _____

Reason for increase:

Market Rate Change in utility responsibility (A new lease must be executed to reflect the change in utility responsibility)

Other _____

PROPERTY INFORMATION

DWELLING TYPE: (Check one)

- Single Family Duplex
 Town House Row House
 Mobile Home Garden Walk up/ Apt/ Multi
 High-rise

CONSTRUCTION TYPE: _____ Brick _____ Frame _____ Siding _____ Other

EXTERIOR CONDITION: _____ Excellent _____ Good _____ Fair _____ Poor

SIZE: _____ Bedrooms _____ Bathrooms _____ Year Built _____ SQ Ft

AMENITIES:

PLEASE CHECK THE AMENITIES THAT ARE PROVIDED IN THE HOUSE

- | | |
|---|---|
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> <u>Refrigerator</u> |
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> <u>Range</u> |
| <input type="checkbox"/> Central Air | <input type="checkbox"/> Unit is Cable Ready |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Covered / Off Street | <input type="checkbox"/> Modern Appliances |
| <input type="checkbox"/> Window Air | <input type="checkbox"/> Energy Efficient Cert Unit |
| <input type="checkbox"/> Washer / Dryer Hookups | <input type="checkbox"/> Handicap Accessible |
| <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Other |
| <input type="checkbox"/> Working Fireplace | If Other:
<input type="text"/> |
| <input type="checkbox"/> Carpeting | |

**ARE ANY OF THE FOLLOWING UTILITIES INCLUDED IN THE RENT?
(OWNER FURNISHES)**

- Heating
- Cooking
- Other Electric
- Air Conditioning
- Water Heating
- Water
- Sewer
- Trash Collection

Maintenance:

- Owner provides onsite maintenance
- Owner Provides offsite maintenance

Quality Rating: Please rate the quality of the unit. (Check only one.)

- A/High-Newly constructed or completely renovated within the past 12 months**
- B/Medium-Well Maintained and/or partially renovated within the past 12 months**
- C/Low-Adequate, but some repairs may be needed soon**

CERTIFICATION: I hereby certify that the foregoing information is correct and no changes will be made without written notice to the family and MHA approval.

Print Name: _____

Email Address: _____

Signature: _____ **Date:** _____

For Official Use Only:

1. Is request received at least 60 days prior to effective date?
 Yes No
2. Is requested rent amount “reasonable” per the rent reasonableness system?
 Yes No
3. The effective date of the increase will NOT conflict with the current executed lease
 Yes No
4. If there is a change in the utility indications, a new lease has been executed
 Yes No

Approved **Denied**

Denial reason:

- Request not received 60 days before effective date
- Requested rent amount not reasonable per rent reasonableness test
- Lease no provided with request
- Other: _____

Approved rent amount: _____ Effective Date: _____

Official Signature: _____ Date: _____