

## **RENT INCREASE REQUEST**

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 the month.

Tenant Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Contract Rent Per Month: \$ \_\_\_\_\_

Requested Contract Rent Per Month: \$ \_\_\_\_\_

Requested Effective Date of New Rent Amount: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Increases:

Market Rate       Change in utility responsibility (new lease required)

Other: \_\_\_\_\_

### **PROPERTY INFORMATION**

**DWELLING TYPE:**

Single Family Detached (House)       Semi-Detached (Duplex / Townhouse)

Mobile Home       Garden / Walkup (Apartment)

High-Rise

**SIZE:** \_\_\_\_\_ Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ SQ Ft \_\_\_\_\_ Year Built

**AMENITIES:**

**PLEASE CHECK THE AMENITIES THAT ARE PROVIDED IN THE HOUSE**

<input type="checkbox"/> Dishwasher	<input type="checkbox"/> <b><u>Refrigerator</u></b>
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> <b><u>Range</u></b>
<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)**

<input type="checkbox"/> Heating
<input type="checkbox"/> Cooking
<input type="checkbox"/> Other Electric
<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Water Heating
<input type="checkbox"/> Water
<input type="checkbox"/> Sewer
<input type="checkbox"/> Trash Collection

**Maintenance:**

<input type="checkbox"/>	Owner provides onsite maintenance
<input type="checkbox"/>	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 approval of MHA.**

**Owner/Manager (print name):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Owner/Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For MHA Use Only:**

1. Request received at least 60 days prior to effective date?  
 Yes  No
2. Requested rent amount “reasonable” per the rent reasonableness system?  
 Yes  No
3. Effective date of 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

Approve  Deny

Housing Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approve  Deny

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_