

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"/> Refrigerator
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Range
<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: _____

Please return form to landlords@mhapha.org or fax to 501-340-4842