



Metropolitan Development and Housing Agency
Rental Assistance Department

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Rent Increase Request Form

Landlord Name:		Tenant Name:	
Landlord Address:		Tenant Address:	

The policy regarding rent increases is as follows:

- Rent increases are **only** considered at the anniversary date of the Housing Assistance Payment (HAP) Contract. The owner must submit a written notice to the tenant, with a copy to MDHA attached to this form, at least 60 days prior to the anniversary date of the HAP contract.
- The owner must not change the rent during the initial lease term. Subsequent requests for rent adjustments must be consistent with the lease between the owner and the family. After the initial occupancy period, the owner may request a rent adjustment in accordance with the owner's lease. Rent increases will not be approved for a unit that is in failed **re-inspection** status in which fail items that are owner's responsibility have not been corrected.
- Any amount requested over the payment standard will remain the client's rent portion regardless of any future income changes.
- **All rent increase requests are subject to a rent reasonableness test and may be denied.** Increases over 5% are subject to additional review and may not be approved. MDHA may request owners to provide information about the rents charged for other units on the premises if the premises include more than 4 units. In evaluating the proposed rents in comparison to other units on the premises, MDHA will consider unit size and length of tenancy in the other units.
- **Any requests for rent increases not submitted within the time frame and form as stated above will not be honored until the following anniversary date of the HAP Contract.**

Reason for Increase (check all that apply): Tax Increase Renovations/Total Rehab Market Value Increased
 Other (please explain) _____

Date of Request	Current Rent Amount	Proposed Rent Amount	Renewal Month

Owners of developments with more than 4 units must complete the following section for the most **recently leased**, comparable **unassisted** units within the premises. Failure to do so may result in the increase being denied.

Unit Address	Current Rent	Unit Type (Apt, House, Duplex, etc.)	BR Size	Sq. Ft.	No. Baths	Utilities and Appliances Provided by Owner (Circle)
						None, Electricity, Gas, Water/Sewer, Stove, Refrigerator
						None, Electricity, Gas, Water/Sewer, Stove, Refrigerator
						None, Electricity, Gas, Water/Sewer, Stove, Refrigerator

By signing this document I (landlord or managing agent) certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units under my ownership/management. **I also certify that I have copied this request to the tenant as notice of the proposed increase.** I understand that the tenant may choose or be forced to relocate if they cannot afford a higher tenant rent.

Owner/Agent Signature _____

Date _____