Washington County Housing Authority

Rent Increase Request Form

All 3 documents are required to be submitted

Please return this completed form to initiate your request for a rent increase.

IMPORTANT NOTE: When you submit a rent increase request, a rent reasonableness test will be conducted. At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or re-determined by the WCHA.

A request for a rent increase must comply with all of the following requirements before the WCHA can approve your request:

- You must first provide confirmation that your tenant will sign an amended lease for the request rent. This is done by having the tenant sign this form prior to submission.
- Your request must be submitted no less than **60 days prior to the desired effective date**.
- No rent increases are permitted during the first 12 months of a new contract.
- The amount of your request cannot exceed rents for comparable unassisted units in the same neighborhood of your assisted unit.

Today's Date: _____

Owner's Name: _____ Email: _____

Owner's address: _____ Phone: _____

City, State, Zip: _____

Current Tenant: _____Current Rent: $_____ Requested Rent: $ _____

Unit address: _____ City, State, Zip: _____

Please indicate the reason for the request:

☐ Property taxes increased $_____ ☐ Insurance costs increased $_____

☐ The following maintenance items and/or improvements were made during the past 12 months of this tenant's lease:

Type of unit: ☐ House ☐ Apartment ☐ Manufactured Home ☐ Duplex Year Built: _____ (required)

Number of bedrooms: _____ Number of Bathrooms: _____ Half Baths: _____

Parking: 1-2 car garage ☐ Driveway ☐ Assigned ☐ Unassigned/open ☐ Street ☐

Utility Information (check appropriate boxes):

The owner shall provide or pay for the utilities and appliances indicated below by an "O".
The 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.

Item	Specific Fuel Source					Paid by
Heating	☐ Natural Gas	☐ Bottled Gas	☐ Electric	☐ Heat Pump	☐ Other	
Cooking	☐ Natural Gas	☐ Bottled Gas	☐ Electric			
Water Heater	☐ Natural Gas	☐ Bottled Gas	☐ Electric	☐ Oil	☐ Other	
Other Electric						
Water						
Sewer						
Trash Collection						
Air Conditioning						
Other (specify)						
Refrigerator						
Range/Microwave						

Do the above-listed utilities match the current lease in effect? ☐ Yes ☐ No

Other increased costs not mentioned above:

_____

_____

_____

Owner/Agent Acknowledgement and Signature:

I certify that the information provided on this form is complete and accurate to the best of my knowledge and that the rent requested is not greater than the rent for any other unassisted unit in the building. I understand that the request may result in an increase in the tenant's portion of the rent and that the tenant may exercise their right to move.

By submitting this rent increase request, I understand that the Authority must thoroughly evaluate my request including comparing the requested rent to rents charged for comparable, market-rate units in the vicinity of the requested unit. This could result in one of four outcomes:

(1) denial of the request to change the rent amount
(2) a decrease in the current rent amount
(3) a lower approved rent increase amount or
(4) an approval of my request to increase the rent amount.

I also understand that the rent for this unit may be reduced or re-determined at any time if the Authority finds that the rent charged by the Owner exceeds the rent charged for other comparable unassisted units.

_____ _____
Owner/Agent signature Date

_____ _____
Tenant signature Date

NOTICE TO TENANT OF INCREASE IN RENT REQUEST

Date: _____

Tenant Name: _____

Unit address: _____

City, State, Zip: _____

Dear Tenant:

This notice is to inform you that I am submitting a request to the Washington County Housing Authority to increase the rent for the property you lease at:

_____.

I am requesting an increase of the contract rent to $_____.

A copy of this request will be submitted along with this notification to the Washington County Housing Authority for review.

If approved, this change may also increase your portion of the rent to owner under the HCV program. The WCHA will notify you of the affected changes.

I am providing you this notice at least sixty (60) days in advance of your Annual Recertification date in accordance with the HCV program regulations.

If you decide to terminate the Lease agreement, you must provide proper notice to both the landlord and the HCV office and also contact the HCV to obtain the necessary forms for moving or withdrawing from the HCV program.

The Lease, subject to WCHA approval, will continue with the change to the rent, unless the lease is properly terminated.

Owner (printed) _____

Owner Signature: _____ Date: _____

Tenant (printed): _____

Tenant Signature: _____ Date: _____