Northampton County Housing Authority

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RENT INCREASE REQUEST FORM
HOUSING CHOICE VOUCHER (HCV) PROGRAM

Please return this 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 NCHA.

A request for a rent increase must comply with all of the following requirements before the NCHA 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.

In addition, if approved, you must provide the following documentation:

- A new lease addendum, signed by landlord and tenant, accepting the approved rent increase.

NOTE TO TENANT: Your monthly portion may increase by some or all of the approved rent-increase amount.

Amount of current contract rent is $_____per month.

I would like to increase the rent to $_____per month, effective on:_____

Please sign and date below:

X _____

Owner/Agent Signature | Print Name | Date

X _____

Tenant Signature | Print Name | Date

Landlord/Owner Name: _____

Landlord Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone Number: _____

Tenant's Name: _____

Unit Address: _____

City: _____ State: _____ ZIP: _____

Initial Date of Tenant's Occupancy: _____

The reason(s) for the requested change are checked/described below. **During the past year:**

- ☐ Property taxes increased approximately $_____.
- ☐ Insurance costs increased approximately $_____.
- ☐ The following maintenance items and/or improvements were made:

  _____
  _____
  _____

- ☐ The rates for the following utilities, **which are included in the rent**, have increased:
  Electric $_____ Heat $_____ Water $_____ Sewer $_____ Trash $_____
- ☐ Other increased costs (please specify):

  _____
  _____
  _____

Landlord/Owner Signature: _____ Date _____

IMPORTANT: Although there are no HUD ceilings on the rents charged in the Housing Choice Voucher Program, the rent must still be reasonable and comparable to the rents charged for comparable unassisted units. The NCHA makes the determination of reasonableness and comparability based on a computerized database of area rental listings and rental market information.

UNIT INFORMATION

Bedrooms: _____ Bathrooms: _____ Size in square feet: _____ Year built: _____
Total number of units in building or complex: _____

Type of Residence: ☐ Single-Family Detached ☐ Duplex ☐ Row/Townhouse
☐ Low-Rise Apts. (1-3 stories) ☐ High-Rise Apts. (4+ stories)
☐ Mobile/Manufactured Home

Appliances Provided by Owner: ☐ Washer/Dryer ☐ Dishwasher ☐ Garbage Disposal

Amenities: ☐ Fenced Private Yard ☐ Central Air ☐ Elevator ☐ Fireplace/Wood Stove
☐ Finished Basement ☐ Washer/Dryer in Unit ☐ On-Site Laundry
☐ Other: _____

UTILITIES AND APPLIANCES

Item Type		Paid by:
Heating	☐ Natural Gas ☐ Bottle Gas/Propane ☐ Oil ☐ Electric ☐ Coal/Other	☐ Owner ☐ Tenant
Cooking	☐ Natural Gas ☐ Bottle Gas/Propane ☐ Oil ☐ Electric ☐ Coal/Other	☐ Owner ☐ Tenant
Water Heating	☐ Natural Gas ☐ Bottle Gas/Propane ☐ Oil ☐ Electric ☐ Coal/Other	☐ Owner ☐ Tenant
Electric	**Electric for lights, appliances, etc.**	☐ Owner ☐ Tenant
Water	Name of Water Company:	☐ Owner ☐ Tenant
Sewer	Name of Sewer Company:	☐ Owner ☐ Tenant
Trash Collection	Name of Trash Hauler:	☐ Owner ☐ Tenant
Air Conditioning		☐ Owner ☐ Tenant
Refrigerator	Is refrigerator provided by:	☐ Owner ☐ Tenant
Range/Microwave	Is range provided by:	☐ Owner ☐ Tenant
Other (specify):		☐ Owner ☐ Tenant

NCHA RENT DETERMINATION

Pursuant to Section B-6 of the HAP Contract, the NCHA has reviewed your rent increase request to determine if the requested rent is reasonable and does not exceed comparable market rate rents. The following details the NCHA's decision:

☐ **APPROVED:** The requested rent amount is reasonable compared to similar market-rate units.

☐ **ADJUSTED:** The requested rent amount is not reasonable compared to similar market-rate units but has been adjusted to a rate that is reasonable. The adjusted rent amount is $_____.

☐ **REJECTED:** The requested rent amount is not reasonable compared to similar market-rate units.

NCHA Signature_____Date_____