

REQUEST FOR SECTION 8 RENTAL INCREASE
VOUCHER

Name of Family _____

Address of Assisted Unit _____

Please check each item that applies to the unit:

_____ Cable included _____ Ceiling fans _____ dryer _____ washing machine
_____ washer/dryer hook up _____ onsite laundry _____ dishwasher
_____ garbage disposal _____ microwave _____ range _____ refrigerator _____ balcony
_____ pool _____ gated community _____ lawn care _____ pest control
_____ trash included _____ additional full bath _____ additional half bath
_____ garage _____ square footage of unit

Lease expiration date _____ Current Rent \$ _____

Proposed Increased Rent \$ _____ Proposed Effective Date of Increase _____

Rental increase amount must be justified. Documentation may be required.

Reason for increase _____

Is this a LIHTC or HUD HOME Program unit? _____

List Comparables: HUD regulations define a reasonable rent as one that does not exceed the rent charged for comparable, unassisted units in the same market area.

Address _____ Owner _____ Rent _____ Sq.Ft. _____ Bedrm _____

Address _____ Owner _____ Rent _____ Sq.Ft. _____ Bedrm _____

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The information above is true and accurate. I certify that the rent requested is reasonable and am not asking more than what is charged on the private market.

Name of Landlord _____

Mailing Address _____

Signature

Date

Please remember that rent increases must be submitted to the Housing Authority 60 days prior to the effective date of the increase.