



OWNER'S REQUEST FOR RENT INCREASE

Today's Date _____

Recertification Date _____

Property Owner's Name: _____

Property Owner's Address _____

Tenant's Name: _____

Property Address _____

Current Rent \$ _____ **Requested Rent \$** _____

Reason for rent increase: _____

Property Owner's Signature: _____

Please return this form to us by mail, email or fax. Please note that your request will be denied if the Authority determines that the requested rent is not reasonable in relation to rents charged for comparable unassisted rental units or amounts not allowable according to HUD regulations. Rent increases will be effective the first of the month 60 days after the HAPF's receipt of the owner's request. If you have any questions concerning this matter please contact our office