



LANDLORD REQUEST FOR RENT INCREASE

A request for rent increase must comply with all of the following requirements before the Lorain Metropolitan Housing Authority can approve your request.

- No rent increases can occur during the first 12 months of a new contract.
- This form must be submitted no less than 60 days **prior** to the requested effective date.
- The amount of your request cannot exceed the rents for comparable unassisted units in the same neighborhood of your unit. Ref: 24 CFR 982.507(4)

Note to Landlord: A rent reasonableness test will be conducted. If the results of this test indicate that your current contract rent should be reduced, LMHA HCVP is required to reduce the rent accordingly.

Initial (Landlord)

- If the increase is approved, you will be sent a rental change notice.
- Please complete the back of this form: **Additional Unit Amenities Worksheet (page 2)**

Name of Tenant: _____

Address of Unit: _____

Current Contract Rent: \$ _____

Number of Bedrooms: _____

Proposed Rent Amount: \$ _____

Requested effective date (must be at least

60 days after date of notice to tenant and

LMHA: _____

Landlord:

Name: _____
(Please Print)

E-mail: _____

Signature: _____

Date: _____

Telephone Number: _____

Fax: _____

Resident:

Signature: _____

Date: _____



CONFIRMATION OF AMENITIES PROVIDED BY LANDLORD:

Please check all applicable amenities, this list is used when determining

Reasonable Rents for your area.

You are confirming the working condition of all listed amenities

Square Footage of Living Space: _____ Baths: 1 1 ½ 2 2 ½

- | | | |
|---|--|---|
| <input type="checkbox"/> Basement/Attic | <input type="checkbox"/> Business/Fitness Center | <input type="checkbox"/> Cable/Internet Ready |
| <input type="checkbox"/> Carpeting | <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Central Air |
| <input type="checkbox"/> Ceramic Tile Floors | <input type="checkbox"/> Covered and/or Off-street Parking | <input type="checkbox"/> Deck/Balcony/Patio/Porch |
| <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Elevator | <input type="checkbox"/> Energy Efficient Cert Unit |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Garage | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> Fenced | <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Handicap Accessible |
| <input type="checkbox"/> Hardwood Floors | <input type="checkbox"/> Pool | <input type="checkbox"/> Modern Appliances |
| <input type="checkbox"/> Playground/Courts | <input type="checkbox"/> Range | <input type="checkbox"/> Washer/Dryer Hookups |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Security System | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Window/Wall A/C Unit | <input type="checkbox"/> Working Fireplace | <input type="checkbox"/> Yard Sprinkler System |

Services Provided:

- Lawn Care Provided Pest Control Services Onsite Maintenance

Utilities and Appliances

The Owner shall provide or pay for the utilities and appliances indicated below by an "O".
 The HCV Client (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.

					Paid/Provided by:
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Oil/Coal	<input type="checkbox"/> Electric	
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Oil/Coal	<input type="checkbox"/> Electric	
Water Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Oil/Coal	<input type="checkbox"/> Electric	
Other Electric					
Water					
Sewer					
Trash Collection					
Air Conditioning					
Refrigerator					
Range or Microwave					
Other:					
Other:					

To the best of my knowledge, the information above is correct.

 Owner's Signature

 Date