

LANDLORD REQUEST FOR RENT INCREASE

- No rent increases can occur during the first 12 months of a new contract.
- Only one request per unit will be processed by this agency during any 12 month period.
- This form must be submitted no less than 60 days **prior** to the requested effective date.
- The amount of your request <u>cannot</u> exceed the rents for comparable unassisted units in the same neighborhood of your unit. Ref: 24 CFR 982.507(4)

<u>Note to Landlord</u>: 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 <u>required</u> 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: \$	LMHA:
Landlord: Name:	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: _		2 2 1/2					
Basement/Attic	Business/Fitness Center	Cable/Internet Ready					
Carpeting	Ceiling Fans Central Air	Ceramic Tile Floors					
Clubhouse	Covered and/or Off-street Parking	Deck/Balcony/Patio/Porch					
Dishwasher	Elevator	Energy Efficient Cert Unit					
Fenced	Garage Garbage Disposal	Handicap Accessible					
Hardwood Floors	Laundry Facilities	Modern Appliances					
Playground/Courts	Pool	Range					
Refrigerator	Security System Storage	Washer/Dryer Hookups					
☐ Window/Wall A/C Unit	Working Fireplace	Yard Sprinkler System					
Services Provided:							
Lawn Care Provided	Pest Control Services O	nsite 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	□ Natural Gas	□ Bottle Gas	□ Oil/Coal	Electric	
Cooking	□ Natural Gas	□ Bottle Gas	□ Oil/Coal	Electric	
Water Heating	□ Natural Gas	□ Bottle Gas	□ Oil/Coal	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.