

## GHA Housing Choice Voucher Program: Rent Increase Request

**\*IMPORTANT NOTE\*** When you submit a rent increase, a Rent Reasonableness test will be conducted. If the results indicate that an amount less than your current contract rent should be paid, GHA-HCVP is required to **reduce** your contract rent accordingly. The Code of Federal Regulations 982.507 (4) states: " 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 PHA."

A request for rent increase must comply with **ALL** of the following requirements before the Greenwood Housing Authority can approve your request.

- No rent increases can occur during the first 12 months of a new contract.
- The Rent Increase Request form must be submitted at least 60 days prior to the effective date of the rent increase. The Tenants share of the rent does not change unless an updated Rent Breakdown Letter has been issued by the GHA.
- **The form must be filled out in its entirety.**

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**Tenant:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT)

Address of Unit: \_\_\_\_\_

Current Contract Rent: \$ \_\_\_\_\_ Proposed Rent Increase: \$ \_\_\_\_\_

Effective Date of Increase: \_\_\_\_\_

Reason for Increase: **Please attach all required documents to substantiate your request.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Landlord:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT)

E-mail \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax: \_\_\_\_\_

( CITY, STATE, ZIP CODE)

## Rent Reasonableness: Unit and Comparable Unit Information

Directions: Please enter the requested information. The GHA will only accept comparable units within the same vicinity as the proposed unit.

Unit Information	Assisted Unit	#1 Comparable	#2 Comparable	#3 Comparable
Unit Address/Apt. (Specific)				
Year Built				
Square Feet				
# of bedrooms				
# of bathrooms				
Amenities	<input type="checkbox"/> Dishwasher <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Central HVAC <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Window A/C <input type="checkbox"/> Washer/Dryer Conn. <input type="checkbox"/> Carpeting <input type="checkbox"/> Refrigerator <input type="checkbox"/> Range <input type="checkbox"/> Cable Ready <input type="checkbox"/> New Appliances <input type="checkbox"/> Handicap Accessible	<input type="checkbox"/> Dishwasher <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Central HVAC <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Window A/C <input type="checkbox"/> Washer/Dryer Conn. <input type="checkbox"/> Carpeting <input type="checkbox"/> Refrigerator <input type="checkbox"/> Range <input type="checkbox"/> Cable Ready <input type="checkbox"/> New Appliances <input type="checkbox"/> Handicap Accessible	<input type="checkbox"/> Dishwasher <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Central HVAC <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Window A/C <input type="checkbox"/> Washer/Dryer Conn. <input type="checkbox"/> Carpeting <input type="checkbox"/> Refrigerator <input type="checkbox"/> Range <input type="checkbox"/> Cable Ready <input type="checkbox"/> New Appliances <input type="checkbox"/> Handicap Accessible	<input type="checkbox"/> Dishwasher <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Central HVAC <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Window A/C <input type="checkbox"/> Washer/Dryer Conn. <input type="checkbox"/> Carpeting <input type="checkbox"/> Refrigerator <input type="checkbox"/> Range <input type="checkbox"/> Cable Ready <input type="checkbox"/> New Appliances <input type="checkbox"/> Handicap Accessible
Other Amenities				
Owner Paid Utilities	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash Collection <input type="checkbox"/> Meter Charges	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash Collection <input type="checkbox"/> Meter Charges	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash Collection <input type="checkbox"/> Meter Charges	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash Collection <input type="checkbox"/> Meter Charges
Monthly Rent	\$			

### Landlord Certification and Acknowledgement

By signing this form, I certify and acknowledge that:

- The information I have provided is true and accurate to best of my knowledge.
- I understand that I may not charge rent for a Section 8 assisted unit that is in excess of rents currently being charged for comparable unassisted units.
- I understand that if the rent requested is rejected by GHA, I must amend the lease to reflect the reasonable rent or remove the unit from the Section 8 program.
- I understand that I may not charge the tenant for a rent amount not approved by the GHA.
- The GHA will not approve an increase for a unit that is not in compliance with HQS.
- I understand that the GHA will not approve a rent increase if the contract rent is not rent reasonable.
- I understand that incomplete forms or failure to provide supporting documentation will be cause for the GHA to reject the rent increase request.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date