



RENT INCREASE REQUEST FORM

DATE OF REQUEST: _____

Participant Name: _____

Address: _____

Owner/ Leasing Agent: _____

Phone: _____

Current rent _____

Proposed rent increase _____

Number of Bedrooms : _____

Bathrooms: _____

Sq Feet: _____

Yr Built: _____

What utilities and/or fees are paid by landlord: GAS ELECTRIC WATER SEWER TRASH

Please check the property type

- ☐ Single Family Home - Building that houses only one family under one roof
- ☐ Semi-Detached - Units in duplexes and two-family homes
- ☐ Low-Rise - Multi-family apartments of five or more units and up to four stories. (Also includes five or six story buildings without an elevator).
- ☐ High-Rise - Building with five or more stories and has an elevator.
- ☐ Row House/Townhouse - Structures with three or more units side-by-side under one roof.
- ☐ Manufactured Home - Mobile homes

The program regulation requires WHA to certify that the rent charge to the Housing Choice Voucher tenant is not more than the rent charged for other unassisted comparable units. **Owners of properties with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises:**

Address and unit #	Date leased	Rental Amount per lease

No rent increase is permitted during the initial term of the lease [24 CFR 982.309(a)(3)].

Where the owner is changing the amount of the rent to owner, the owner must notify the WHA in writing 60 days prior to the anniversary date of the HAP contract, and must include the new rent amount the owner is proposing.

Please submit this form to HCV Manager Shakilya Battle at swhitley@wilsonha.org and Timothy Rogers at trogers@wilsonha.org.

Warning: Title 18, Section 1002 of the U.S. code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the department of Housing and Urban Development.

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