



RENT INCREASE REQUEST
CHANGE IN UTILITIES

In order to process your rent increase, this form must be filled out and sent to our office at least 30 days prior to the date of change.

Date: _____

Apartment or Owner Name: _____

Address of Unit: _____ Apt #: _____ Zip Code: _____

Client Name: _____ Client Phone #: _____

Current Unit Contract Rent: _____ Requested Rent Amount: _____

Reason for Increase: _____

Client will be responsible for the following utilities: (check all that apply)

Electric: _____ Gas: _____ Water: _____ Sewer: _____ Trash: _____

Owners Certification: A. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 1 unit MUST complete the following section for most recently leased comparable unassisted units within the premises.

Address and Unit Number	Date Rented	Rental Amount
1.		
2.		
3.		

A rent reasonable survey will be conducted to ensure the rent amount approved is in accordance to HUD regulations. If the rent is not rent reasonable, a denial letter will be sent to the landlord.

This serves as written notice that the rent of the unit may increase and that both parties' signatures are required to process this increase or utility change. If the unit is determined to be rent reasonable this amount will be implemented and the rent change notice will be sent to the landlord and client.

Note: The client may relocate if proper notice is given to the landlord and TCOG. If the new rent amount creates a burden to the client, the client has the right to give the landlord proper notice to relocate. Effective date of the increase will be either the anniversary date or 60 days after the 1st of the month following the receipt of the increase request. The client may contact their housing counselor if there are any questions.

Landlord Signature: _____ Client Signature: _____

TCOG OFFICE USE ONLY

Approved: _____ Denied: _____ New Rent: _____ Start Date: _____

Inspector: _____