



# Rent Increase Request



|                                                                   |  |                                                                                |                  |                                             |  |
|-------------------------------------------------------------------|--|--------------------------------------------------------------------------------|------------------|---------------------------------------------|--|
| Request Submitted By:                                             |  | Effective Date of Requested Rents:                                             |                  | Date Request Submitted:                     |  |
| Submitters Email Address:                                         |  |                                                                                |                  |                                             |  |
| Property Name:                                                    |  |                                                                                |                  |                                             |  |
| Address:                                                          |  | City:                                                                          |                  | County:                                     |  |
| Property Type:                                                    |  | Multifamily <input type="checkbox"/>                                           |                  | Single Family <input type="checkbox"/>      |  |
|                                                                   |  |                                                                                |                  | Duplex/Triplex <input type="checkbox"/>     |  |
| If you answered "Multifamily" please indicate what property type: |  | Family <input type="checkbox"/>                                                |                  | Senior <input type="checkbox"/>             |  |
|                                                                   |  |                                                                                |                  | Elderly <input type="checkbox"/>            |  |
| Unit Number(s):                                                   |  |                                                                                | Bedroom Size(s): |                                             |  |
| Unit Status                                                       |  | Vacant* <input type="checkbox"/>                                               |                  | Occupied <input type="checkbox"/>           |  |
|                                                                   |  | *If a unit is vacant the rent may be raised to maximum limit without approval. |                  |                                             |  |
| Unit Type:                                                        |  | Low HOME 50% <input type="checkbox"/>                                          |                  | High HOME 80% <input type="checkbox"/>      |  |
| <b>REQUEST FOR INCREASE EXPLANATION:</b>                          |  |                                                                                |                  |                                             |  |
| Date of Last Rent Increase:                                       |  |                                                                                |                  |                                             |  |
| Current Rents:                                                    |  |                                                                                | Rent Requested:  |                                             |  |
| Current UA:                                                       |  |                                                                                | Rent with UA:    |                                             |  |
| Maximum Rent Limit:                                               |  |                                                                                |                  |                                             |  |
| Requested Rents:                                                  |  | Under Maximum Limit <input type="checkbox"/>                                   |                  | Over Maximum Limit <input type="checkbox"/> |  |
| Reviewed and Approved by:                                         |  |                                                                                | Title:           |                                             |  |
| Signature                                                         |  |                                                                                |                  |                                             |  |