



# Rent Increase Request

## Housing Choice Voucher Program

Please return this form to initiate request for a rent increase. The rent increase will be **effective sixty (60) days to the first of the month from the date received.**

**IMPORTANT NOTE:** When you submit a rent increase request, a Rent Reasonableness test will be conducted. If the results of this test indicate that an amount less than your current contract rent should be paid, MMHA is required to reduce your contract rent accordingly. This is mandated by the Code of Federal Regulations (CFR) .5794), which 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 Housing Authority (PHA) can approve your request.

- To have your request made effective at recertification date, it must be submitted no less than 60 days prior to the anniversary date. No rent increases can occur during the first 12 months of a new contract.
- The amount of your request cannot exceed the rents for comparable unassisted units in the same neighborhood of your assisted unit.
- For a multi-family apartment building or complex having three (3) or more units, please submit your current rent schedule.

Amount of current contract rent is: \$ \_\_\_\_\_ per month.

I would like to increase the rent to: \$ \_\_\_\_\_ per month.

**Tenant Name:** \_\_\_\_\_

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

Sign and date below:

\_\_\_\_\_  
Property Owner/ Landlord/ Agent (please print)

\_\_\_\_\_  
Property Owner/ Landlord/ Agent Signature

\_\_\_\_\_  
Date