



## OWNER REQUEST FOR RENT INCREASE

**Head of Household Name:** \_\_\_\_\_

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

Proposed Date of Increase (must be the same as the annual anniversary due date): \_\_\_/\_\_\_/\_\_\_

Current Rent: \$\_\_\_\_\_ Proposed New Rent: \$\_\_\_\_\_

**REQUIREMENTS:**

- An owner may only request a rent increase once per year at the annual anniversary date of the participant’s recertification. The rent increase request must be received 60 days prior to the annual recertification due date.
- An owner may only request an increase in rent after the initial lease term.
- The approval of a rent increase may not exceed one (1) per year.
- The proposed new rent for the assisted unit must be reasonable, which means comparable to rents charged for similar, unassisted units within a twenty-five (25) mile radius. Therefore, THDA must perform a rent reasonable test on the proposed new rent amount.

REASON FOR REQUEST FOR RENT INCREASE (check all that apply):

\_\_\_ Taxes Increased

\_\_\_ Market Value Increased (would be evident in rents at other units in the area)

\_\_\_ Renovations/Repairs

\_\_\_ Other, please state reason: \_\_\_\_\_

**OWNER ACKNOWLEDGEMENT:**

*I, the owner or agent of the assisted unit, certify that the proposed new rent is not more than the rent charged for other unassisted comparable units as defined above or under my ownership/management.*

*I understand that the tenant may choose or be required to relocate if they cannot afford a higher tenant rent.*

*I acknowledge that I must complete and sign this form, have the participant sign this form, and return this form to THDA at least 60 days prior to the annual recertification due date.*

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OWNER EMAIL ADDRESS

**PARTICIPANT ACKNOWLEDGEMENT:**

*I, the participant under the HCV Program, and the tenant of the assisted unit, acknowledge that I have read this form and that I understand that I am not required to agree to the proposed rent increase. However, if I do not agree then I will be required to relocate and THDA will issue me a voucher to relocate.*

\_\_\_\_ I agree to the proposed increase in rent.

\_\_\_\_ I DO NOT agree to the proposed increase in rent and am requesting to relocate to a new unit.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT EMAIL ADDRESS

THDA's primary source of communication is email. Please check your email regularly for THDA correspondence. You may email, fax or mail all required documents using the contact information below.

For questions or concerns, please contact your THDA Rental Specialist.

REASONABLE ACCOMMODATION & VIOLENCE AGAINST WOMEN ACT If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice or if you are a victim or threatened victim of domestic violence, dating violence, or stalking, you have certain protections under the Violence Against Women Act (VAWA), please contact 615.815.2165 or [RRequest@thda.org](mailto:RRequest@thda.org).



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