

OWNER REQUEST FOR RENT INCREASE

Head of Household Name: _____

Assisted Unit Address: _____

Proposed Date of Increase: / / Current Rent: \$ Proposed New Rent: \$

REQUIREMENTS:

- The proposed date for the increase in rent must be at least sixty (60) days after the postmark date of this request or 60 days after the THDA receives this request. The increase must start on the first day of the month.
- 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, the 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 the THDA at least 60 days prior to the requested effective date.

If I am requesting this increase in rent, along with a request for a new lease at Annual Recertification, then I must assure that the THDA is in receipt of this request and the request for a new lease AT LEAST 60 DAYS PRIOR TO THE ANNUAL RECERTIFICATION DUE DATE.

OWNER SIGNATURE

DATE

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 you will be required to relocate and THDA will issue me a voucher to relocate.

___ I agree to the proposed increase in rent of \$_____.

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

PARTICIPANT SIGNATURE

DATE

You may mail, fax, or place in the field office drop box this request to the THDA using the contact information below. If mailed please be sure to provide full postage.

For questions or concerns, please contact your THDA Rental Specialist, **Rental Assistance Specialist Name, THDA Field Office, Street Address, City, State, Zip, Phone, Fax, Email.**