



CONTRACT RENT ADJUSTMENT REQUEST FORM

This form is used to request a change in the contract rent. The request does not guarantee that a contract rent increase will be granted. The contract rent must be determined reasonable to assure the rent charged for the unit is comparable with other unassisted units of similar type *24 CFR 982.507(b)*.

Please note: If HACDB determines that the current contract rent is higher than the new Reasonable Rent then **the result will be a decrease to the new contract rent.**

 Owner Name: _____ Proposed rent amount: _____
 Contract Renewal Date: _____
 Owner Address: _____
 Owner City, State, Zip: _____

Tenant Name: _____ Resident ID: _____
 Unit Address: _____ Zip: _____

To request a contract rent adjustment, this form must be completed and submitted to the HCVP **Office between 60 to 90 days** prior to the tenant reexamination date (*this date coincides with the end of your initial lease agreement*). Any approved changes made to the contract rent will be made effective on the next reexamination date.

Prior to approval of any contract rent adjustment, the unit must have a "pass" rating on the recent HQS inspection. If the unit has not passed an HQS inspection within the past 30 days your unit will need to be inspected and must pass before your rent increase request can be processed.

Utilities and Appliances The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

| Item | Specify fuel type | Paid by | |
|------------------|--|---------|-------------|
| Heating | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other | | |
| Cooking | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other | | |
| Water Heating | <input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other | | |
| Other Electric | | | |
| Water | | | |
| Sewer | | | |
| Trash Collection | | | |
| Air Conditioning | | | |
| Other (specify) | | | |
| | | | |
| Refrigerator | | | Provided by |
| Range/Microwave | | | |

Owner Acknowledgement: By executing this request, the owner certifies that the unit is in decent, safe and sanitary condition and that he/she is in compliance with the terms and conditions of the lease. The owner understands that if DBHA determines that the current contract rent is higher than the new Reasonable Rent determination then **the result will be a decrease to the new contract rent.**

Owner/Agent Signature: _____ Date: _____
 Daytime Telephone Number : _____

Tenant Acknowledgement: I have reviewed this form and the information is accurate. I am aware of the adjustment in contract rent the owner has requested and that this request may result in an increase in my portion of the rent.

Tenant's Signature: _____ Date: _____
 Daytime Telephone Number _____

