

RENT INCREASE REQUEST FORM

The Housing Choice Voucher Program requires that a written request (provided below) for a rent increase be submitted by the owner/management agent and signed by the tenant. This written request, must be received sixty (60) days but no more than ninety (90) days before the anniversary date of the HAP contract. Please submit this request to rentincreasesnorth@dca.ga.gov or rentincreasesouth@dca.ga.gov depending on what office handles your file.

Important Notice to Owner/Management Agent

- All increases are based on rent reasonableness (i.e. rents of comparable non-assisted units).
- No rent increases can occur during the first 12 months of a new contract.
- There are no automatic annual rent increases.
- Only one rent increase will be permitted per lease term.

I, _____, am requesting an increase in the rent for

 (Owner/Management Agent) _____ who resides at: _____

 (Tenant's Name) _____ (Unit Address)
 _____ beginning _____

 (City/State/Zip) _____ (MM/DD/YY)

The request in the amount of \$ _____ is warranted because of: _____

For the purposes of the rent study please check the amenities included with the unit from the following list:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Hardwood floors | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Modern Appliances |
| <input type="checkbox"/> Carpeting | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Washer/Dryer Hookup | <input type="checkbox"/> Laundry Facilities |
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Range/Stove | <input type="checkbox"/> Gated Community | <input type="checkbox"/> Window/Wall AC |
| <input type="checkbox"/> Central AC | <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Security System | <input type="checkbox"/> Fenced Yard |
| <input type="checkbox"/> Deck/Balcony/Patio/Porch | <input type="checkbox"/> Playground/Court | <input type="checkbox"/> Cable/Internet Ready | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Garage | <input type="checkbox"/> Covered/Off-Street Parking | <input type="checkbox"/> Lawn Care |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Washer/Dryer in Unit | <input type="checkbox"/> Distance to Bus Stop _____ | <input type="checkbox"/> Renovations in _____ |

 Owner/Management Agent Signature Date Last four of SSN/EIN

 Email Phone Number

Signature of tenant only acknowledges the owner/management agent's request for a rental increase.

 Tenant Signature Date