



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. All rent increase requests must be received sixty (60) days but no more than one hundred (100) days before the requested effective date. 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.
- DCA will permit rent increase only at the anniversary of the HAP Contract.

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 _____ |

I certify that the information provided on this form is complete and accurate to the best of my knowledge. As an owner, I understand that the request may not result in an tenant's portion of the rent and that the tenant may exercise the right to move as a result.

Owner/Management Agent Signature

Date

Last Four of SSN/EIN

Email

Phone Number

As a tenant, I understand that the request may result in an increase in rent and that the owner may exercise the right to issue a Notice to Vacate the unit in accordance to the terms and policies stated in the Lease and Housing Assistant Payment (HAP).

Tenant Signature

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Date

