



1776 South West Temple
 Salt Lake City, Utah 84115
 Telephone 801.487.2161
 Fax 801.487.3641
 TDD for Hearing Impaired 801.487.3361

REQUEST FOR RENTAL INCREASE

Landlord Name: _____ Phone: _____

Landlord e-mail: _____ Fax: _____

Please fill out this request form for the rent increase for your housing tenant.

I am requesting a rent increase for _____ Client No: _____

who resides at _____

Date of Request: _____ Effective Date of Proposed Rent: _____

Current Rent: _____ Proposed Rent: _____

(The rent is only the base rent amount and will not include any utilities or fees that the tenant pays. It also will include any concessions, credits, or free month's rent that will be given upon signing a new lease)

Utilities and/or fees paid by the housing tenant: GAS ELECTRIC WATER SEWER TRASH OTHER: _____

Utilities and/or fees paid by the landlord: GAS ELECTRIC WATER SEWER TRASH OTHER: _____

The HCV program regulations at 24 CFR 982.507 provide that the PHA may not approve a lease until the public housing agency (PHA) determines that the initial rent to owner is a reasonable rent. In order for the rent to be reasonable, the rent may not be more than rent charged for comparable units in the private unassisted market. In addition, the rent may not be more than rent charged by the owner for comparable unassisted units on the premises. In other words, the owner is not permitted to charge the HCV program more for rent than what unassisted tenants in comparable units are paying. Owners with more than four units must complete the following section for most recently leased comparable unassisted units within the premises: **When filling out this form, please list the rent amount after any concessions or credits that would decrease the "rent recorded on the lease". All assisted units must be given the same considerations as those that are comparable and unassisted.**

Address and Unit Number	Date Rented	Rental Amount

By accepting the PHA payment each month, the owner certifies that the rent is not more than the rent charged for comparable unassisted units. Please make copies of this form for future use for any Salt Lake City Housing tenants.

Rental increases need to be requested 60 days in advance of the effective date per the HAP contract. If you are signing a new lease with this client, please ensure that the Housing Authority receives a copy of the new lease. If you have any questions, please contact me at (801) 487-2161 ext. _____.

Sincerely,

Section 8 Specialist

JR 6/2017