



Item	Specify	Paid by
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric	
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric	
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric	
Other Electric		
Water/Sewer		
Trash		
Refrigerator		
Range/Microwave		
Heating	<input type="checkbox"/> Central <input type="checkbox"/> Wall <input type="checkbox"/> Space <input type="checkbox"/> Floor	

**Owners of properties with 4 of more units** – You must supply the following information for most recently leased comparable unsubsidized units within the premises. Program regulations require the PHA to certify that the rent charged to the voucher holder is not more than the rent charged for unassisted units.

Address and Unit Number	No. of Bedrooms	Date Rented	Rental Amount

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Print Name (Participant)

Client#

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Participant Signature

Date

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Owner or Company Name

Owner/Vendor# Main Telephone #

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Email Address

Agent Name (if applicable)

Telephone Number

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Owner/Agent Signature

Date

For Office Use Only		
Date Received: _____	Date Completed: _____	Completed by: _____
Approved Rent Increase Amount: _____	Effective Date: _____	