

**RENT INCREASE REQUEST FORM**

**ATTN: LANDLORDS/MANAGEMENT AGENTS**

The Housing Choice Voucher (Section 8) Program requires that a written request (provided below) for a rent increase be submitted by the landlord/management agent. This written request must be submitted to TGHA at least sixty (60), but no more than ninety (90) days before the effective date of the proposed rent increase.

**Important Notice Owner/Management Agent:**

- There are no automatic annual rent increases.
- All increases are based on rent reasonableness (i.e. rents of comparable unassisted units).
- No rent increases can occur during the first 12 months of a new contract.
- **Properties with (4) or more units, verification of contract rent pricing for at least (3) comparable unassisted units is required.**

I/We are requesting an increase in the rent for \_\_\_\_\_,  
 who resides at: \_\_\_\_\_. The lease  
 anniversary month is: \_\_\_\_\_. The current rent at the unit is \$\_\_\_\_\_ and the proposed rent is  
 \$\_\_\_\_\_.

**For the purpose of the rent study, please check the amenities included with the unit from the following list:**

No. of Bedroom(s) in unit _____				No. of bathroom(s) in unit _____				
<b>Interior</b>	Dishwasher <input type="checkbox"/>	Garbage Disposal <input type="checkbox"/>	Security System (inactive/active) <input type="checkbox"/>	Ceiling Fans <input type="checkbox"/>	Microwave <input type="checkbox"/>	Age Restricted <input type="checkbox"/>	Stove <input type="checkbox"/>	Refrigerator <input type="checkbox"/>
<b>Exterior</b>	Porch <input type="checkbox"/>	Deck/Patio <input type="checkbox"/>	Community Pool <input type="checkbox"/>	Private Pool <input type="checkbox"/>	Gated Community <input type="checkbox"/>	Fenced Yard <input type="checkbox"/>	Balcony <input type="checkbox"/>	
<b>Laundry</b>	Onsite Laundry <input type="checkbox"/>	Washer/Dryer <input type="checkbox"/>	Washer (only) <input type="checkbox"/>	Dryer (only) <input type="checkbox"/>	Washer/Dryer Connections (only) <input type="checkbox"/>			
<b>Parking</b>	<input type="checkbox"/> 1-Carport	<input type="checkbox"/> 2-Carports		<input type="checkbox"/> 1-Car Garage				
	<input type="checkbox"/> 2-Car Garage	<input type="checkbox"/> 3-Car Garage		<input type="checkbox"/> Assigned Parking				
	<input type="checkbox"/> Unassigned Parking	<input type="checkbox"/> 1-Space		<input type="checkbox"/> 2-Spaces				
	<input type="checkbox"/> 3-Spaces	<input type="checkbox"/> Open Parking		<input type="checkbox"/> Street Parking				

Signature \_\_\_\_\_ EIN or Last 4 SSN \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Tenant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

FOR TGHA USE ONLY			
	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>	Effective Date:
Date Processed	\$ _____	Max \$ _____	Approved by _____