THE GREENVILLE HOUSING AUTHORITY

The Greenville Housing Authority
122 Edinburgh Court
Greenville, South Carolina 29607
864-467-4250 / Fax 864-467-3088
TOLL FREE 844-411-TGHA (8442)

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:

➢ You Must submit a copy of your notice to the tenant if your proposed rent increase
➢ 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.
➢ Serious or repeated HQS violations during the past 12 months may impact approval of increases
➢ **Properties with (4) or more units, verification of contract rent pricing for at least (3) comparable unassisted units is required.**

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_____			
Interior	Dishwasher	Garbage Disposal	Security System (inactive/active)	Ceiling Fans	Microwave	Age Restricted	Stove	Refrigerator
	☐	☐	☐	☐	☐	☐	☐	☐

Exterior	Porch	Deck/Patio	Community Pool	Private Pool	Gated Community	Fenced Yard	Balcony
	☐	☐	☐	☐	☐	☐	☐

Laundry	Onsite Laundry	Washer/Dryer	Washer (only)	Dryer (only)	Washer/Dryer Connections (only)
	☐	☐	☐	☐	☐

Parking	☐ 1-Carport	☐ 2-Carports	☐ 1-Car Garage
	☐ 2-Car Garage	☐ 3-Car Garage	☐ Assigned Parking
	☐ Unassigned Parking	☐ 1-Space	☐ 2-Spaces
	☐ 3-Spaces	☐ Open Parking	☐ Street Parking

_____   _____   _____   _____
Signature   **EIN or Last 4 SSN**   **Email**   **Date**

_____   _____   _____
Tenant's Signature   **Date**   **Phone Number**

FOR TGHA USE ONLY			
	☐ **Approved**	☐ **Denied**	**Effective Date:**
Date Processed	$	Max $_____	**Approved by**