RENT INCREASE REQUEST FOR SECTION 8 UNIT

Please complete ALL AREAS of this page. This information is important in performing a rent reasonableness check! **Failure to complete this form fully will result in your increase being denied.** This request must be submitted at least <u>60 days prior of the effective date</u>. The tenant and landlord both need to sign the form.

Tenant Name					
Address of Unit				Zip Code	
What is the <u>NEW</u>	_monthly amount	of rent that	you will cha	rge? \$	
What month is the lease renewal effective?					
# Of Bedrooms?					
	ncluded in or on this pove/Oven	- •	ishwasher	□Ceiling Fans	
□Deck/Patio/Balcony	☐Garbage Disposal	\square Washer	\Box Dryer	☐Laundry Hookups	
☐Swimming Pool	☐Gated Community	□Driveway	y □Garage	☐Street Parking	
	ctric Who p tural Gas ttle Gas	eays the heating		dlord Pays	
Type of Cooking	☐ Electric☐ Natural Gas☐ Bottle Gas	Who pays?	□Landlord Pay □Tenant Pays	ys	
Type of Water Heater	☐ Electric☐ Natural Gas☐ Bottle Gas	Who pays?	☐Landlord Pa☐Tenant Pays	•	
Other Electric (lights,	televisions, etc)	Who pays?	☐Landlord Pay	ys	
Type of Water	□Well □City / County Water If well water,		oays the water bi	ll? □Landlord Pay □Tenant Pays rater treatment? □Yes	
Type of Sewer ☐ Septic Tank ☐ City/County Sewer		Who pays sewer bill?		□Landlord Pays □Tenant Pays	
client and you will be		w HAP contra	ct with the Sara	required to sign a new a asota Housing Authorit	•
Tenant name		_Tenant signat	ure	Date _	
Owner name		Owner signati	ıre	Date	