



**REQUEST FOR RENT INCREASE / DECREASE**

**1. TO BE COMPLETED BY PROPERTY OWNER OR AGENT:**

Tenant Name \_\_\_\_\_ Tenant ID \_\_\_\_\_  
 Rental Unit Address \_\_\_\_\_ Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_

Owner or Authorized Agent \_\_\_\_\_ TIN or SSN \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax# \_\_\_\_\_  
 Cell # \_\_\_\_\_ Email \_\_\_\_\_ Vendor# \_\_\_\_\_

I am hereby requesting (a) rent increase or (b) decrease on the above rental unit based on the following justification. (In the space below, highlight any improvements made to the property, added amenities, etc. Please provide requested overall unit characteristics and amenities below. Do not list maintenance items caused by regular wear and tear.)

(Please check the following)  Rent Increase  Rent Decrease

Recertification Effective Date \_\_\_\_\_ Current Rent \_\_\_\_\_ Requested Rent \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_

**GENERAL UNIT INFORMATION**

No. Bedrooms \_\_\_\_\_ No. Bathrooms \_\_\_\_\_ Full  1/2 \_\_\_\_\_ Unit Size \_\_\_\_\_ square feet

**BUILDING TYPE**

Single Family Detached  Duplex/Triplex/Fourplex  Rowhouse/Townhouse  Manufactured  High Rise  
 Low Rose (including garden/walkup)  Single Room Occupancy  Independent Group Residence

**Has the payment responsibility for the utilities changed?**  Yes  No **If yes, please indicate below:**

Indicate "O" if items are paid for by the owner and "T" if items are paid for by the tenant.

Item	Paid by	Specify Fuel Type
Heating		<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other
Cooking		<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other
Water Heating		<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other
Other Electric		<b>UTILITY INFORMATION MUST BE COMPLETED OR PHA WILL NOT PROCESS RENT INCREASE REQUEST</b>
Water		
Refrigerator		

**AMENITIES AND SERVICES INCLUDED IN THE RENT**

- |   |  |   |                                     |                                      |
|---|--|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Stove          | <input type="checkbox"/> Washer in complex   | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Microwave   |
| <input type="checkbox"/> Refrigerator   | <input type="checkbox"/> Dryer in complex    | <input type="checkbox"/> W/D Hook-Up      | <input type="checkbox"/> Central AC | <input type="checkbox"/> Window AC   |
| <input type="checkbox"/> Washer in unit | <input type="checkbox"/> Security System     | <input type="checkbox"/> Gated Community  | <input type="checkbox"/> Pool       | <input type="checkbox"/> Ceiling Fan |
| <input type="checkbox"/> Dryer in unit  | <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Other _____      |                                     |                                      |

**PARKING**

- Parking Carport    Assigned    Car Garage    Street    Unassigned    None

**EXTERIOR**

- Balcony    Patio    Deck    Porch

**UNIT QUALITY**

- A. Newly constructed or completely renovated  
 B. Well maintained and/or partially renovated  
 C. Adequate, but some repairs may be needed soon

By executing this request, I certify that the unit is in decent, safe and sanitary condition and to the best of my knowledge, the above information is correct.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

**2. TO BE COMPLETED BY TENANT**

I understand that due to the above rent increase/decrease requested by the owner, my rent may be adjusted higher or lower. This is in addition due to changes in income and/or family composition reported at my annual or bi-annual recertification.

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date

**3. IMPORTANT NOTICE**

- Request for rent increases must be submitted to PHA 90-120 days before the anniversary of the lease for the new rent to be effective on the anniversary date. Late request will not be accepted.
- If there is a change in utilities, tenant and landlord **must** enter into a new Lease and HAP contract.
- This form must be completed in its entirety. The owner must be in compliance with all obligations under the HAP contract, including compliance with the HQS for all contract units.
- Owners should review the area rental market prior to requesting an adjustment to the contract rent. The reasonableness analysis conducted by PHA may yield results equal, higher, or lower than the current contract rent.
- PHA may limit and/or deny rent increase requests due to funding availability or restrictions.

**4. DELIVERY INSTRUCTIONS**

The completed form can be returned as follows:

**Mail:**

Philadelphia Housing Authority  
Attention: Owner Services Department  
2850 Germantown Ave, 2<sup>nd</sup> Floor  
Philadelphia, PA, 19133

**Fax:**

215-684-4005

**Email:**

[hcvlandlords@pha.phila.gov](mailto:hcvlandlords@pha.phila.gov)

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**FOR PHA OWNER SERVICES DEPARTMENT USE ONLY:**

Rent Increased. Determined Rent: \_\_\_\_\_

Note: \_\_\_\_\_

Rent Decreased. Determined Rent: \_\_\_\_\_

Note: \_\_\_\_\_

Request Denied

Reason: \_\_\_\_\_

\_\_\_\_\_  
Market Analyst Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Services Director Signature

\_\_\_\_\_  
Date