

REQUEST FOR RENT INCREASE / DECREASE

Please read the below information carefully before submitting your request.

Owners/Agents in the Housing Choice Voucher (HCV) program may request a rent increase after the initial two year lease term, and once every two years thereafter. Upon receipt of your completed request form, PHA will process your request to determine if the requested rent is reasonable in comparison with unassisted units in the private market. If your request is approved the rent increase will be effective at the next lease renewal date. If your current rent is not reasonable in comparison with comparable units in the private market PHA will decrease your rent.

Requests 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 or early requests may be denied.

If there is a change in utilities, the tenant and landlord must complete a Utility Change Request form and enter into a new Lease and HAP contract.

This form must be completed in its entirety with all required signatures. Incomplete requests may be denied.

Owners must be in compliance with rental license and real estate tax requirements.

Owners must be in compliance with all obligations under the HAP contract, including compliance with the housing quality standards.

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.

Please allow 60 days for the Owner Services department to review and respond to your request.

1. TO BE COMPLETED BY PROPERTY OWNER OR AGENT:

Tenant Name _____ Tenant ID _____
 Rental Unit Address _____ Unit # _____
 City _____ State _____ Zip Code _____
 Phone # _____ Email _____

Owner or Authorized Agent _____ Vendor ID _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # _____ Fax# _____
 Cell # _____ Email _____

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**

_____	_____	_____	_____
Lease Renewal 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 Rise (including garden/walkup) Single Room Occupancy Independent Group Residence

Has the payment responsibility for the utilities changed? Yes No

If yes, please indicate changes 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		UTILITY INFORMATION MUST BE COMPLETED OR PHA WILL NOT PROCESS RENT INCREASE REQUEST
Water		
Refrigerator		

AMENITIES AND SERVICES INCLUDED IN THE RENT (OWNER PROVIDED)

- Stove Refrigerator Garbage Disposal Dishwasher Microwave
 Washer in Unit Dryer in Unit W/D Hook-Up Central AC Window AC
 Washer in complex Dryer in Complex Gated Community Parking Garage Handicap Accessible
 Pool Ceiling Fan Other

PARKING

- Parking Carport Assigned Car Garage Street Unassigned None

EXTERIOR

- Balcony Patio Deck Porch

UNIT QUALITY

- Newly constructed or completely renovated
 Well maintained and/or partially renovated
 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 to changes in income and/or family composition reported at my annual, bi-annual or triennial recertification.

 Tenant Signature

 Date

3. DELIVERY INSTRUCTIONS

The completed form can be returned as follows:

Mail: Philadelphia Housing Authority
 Attention: Owner Services Department
 2850 Germantown Avenue
 Philadelphia, PA, 19133

Fax: 215-684-4005

Email: hcvlandlords@pha.phila.gov

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 Manager / Director Signature

 Date