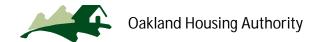


Rent Increase Request Form

Before proceeding, please answer the questions on the Criteria/Information Sheet. Incomplete requests will be returned without review. Information provided will be verified.

New Total Contract Rent F	\$	\$			Effective Date				
Vendor Information									
Requested by: Owner or Agent Authorized Agent									
		, attronized rig		Duine em . Dle e					
Legal Owner				Primary Phone # —Home/—Work					
Email Address				Cell Phone #	-				
Linan Address				0011110110 11					
Participant / Tenant Information (Attach 60-Day Notice)									
Client # Tenant's Name									
Address		Unit #		Zip	Phone #				
Property & Unit Description									
Structure Type: Single Family Townhouse/Condo Multiple Units, # of Units									
Complete the Rent Roll Form on the back if the structure consists of 2+ units, or attach your spreadsheet.									
Unit Size: # Bedrooms		throoms		Sq Ft		 Built			
				•					
Amenities (✓ All That Apply): □ W/D Hook-Up □ Coin-Operated On-Site Laundry □ Disposal □ Dishwasher □ Ceiling Fan □ Carport □ 1 Car Garage □ 2 Car Garage □ Outdoor Lighting □ Gated Community									
Other Amenities:		larage	our ourug		oor Lighting _	outed community			
Maintenance (Indicate Freque	ncy and Atta	ch Agreement)	: Lawn	/Gardening	☐ Pest Co	ntrol			
Utilities & Applian					des & Recent Imp				
✓ O for Owner o	r ✓ T for Tei		_	(Since Last	Contract Rent De	termination)			
Electricity			T						
Gas Hot Water			T T						
Water			T						
Garbage			T						
ŭ	Electric		T						
Dryer Gas or Electric			T						
Refrigerator			T						
Ţ	Electric	□ 0 or □	T						
Microwave		□ 0 or □	T						
Heating Type: ☐ Floor ☐ W	Vall □ Spac	e Central							
Heating Source: ☐ Gas ☐ Electric A/C Type									
Tax Credit Subsidy (Attach Tax Credit Schedule)									
✓ Type: ☐ Tax Credit ☐ HOME ☐ Section 202 ☐ Section 221(d)(3)BMIR) ☐ Section 236									
Signature Doguired									
Signature Required Print Name									
Signature					Date				



Rent Increase Request Form

Rent Roll (Required for 2+ Units on Premise)	
Property Address	Client #

Unit #/	Number of	Number of	Lease Date/	Monthly	Section 8	Comments
Letter	Bedrooms	Bathrooms	Move-In Date	Contract Rent	Subsized	Comments
				\$	Yes or No	
				\$	Yes or No	
				\$	Yes or No	
				\$	Yes or No	
				\$	Yes or No	
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