



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 Requested	\$	Effective Date
-----------------------------------	----	----------------

Vendor Information	
Requested by: <input type="checkbox"/> Owner or <input type="checkbox"/> Agent	Authorized Agent
Legal Owner	Primary Phone # <input type="checkbox"/> Home/ <input type="checkbox"/> Work
Email Address	Cell Phone #

Participant / Tenant Information (Attach 60-Day Notice)				
Client #	Tenant's Name			
Address	Unit #	Zip	Phone #	

Property & Unit Description				
Structure Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Townhouse/Condo <input type="checkbox"/> 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	# Bathrooms	Sq Ft	Yr Built
Amenities (✓ All That Apply): <input type="checkbox"/> W/D Hook-Up <input type="checkbox"/> Coin-Operated On-Site Laundry <input type="checkbox"/> Disposal <input type="checkbox"/> Dishwasher <input type="checkbox"/> Ceiling Fan <input type="checkbox"/> Carport <input type="checkbox"/> 1 Car Garage <input type="checkbox"/> 2 Car Garage <input type="checkbox"/> Outdoor Lighting <input type="checkbox"/> Gated Community Other Amenities:				
Maintenance (Indicate Frequency and Attach Agreement): <input type="checkbox"/> Lawn/Gardening <input type="checkbox"/> Pest Control				
Utilities & Appliances Provided By: ✓ O for Owner or ✓ T for Tenant			List Upgrades & Recent Improvements (Since Last Contract Rent Determination)	
Electricity	<input type="checkbox"/> O or <input type="checkbox"/> T			
Gas	<input type="checkbox"/> O or <input type="checkbox"/> T			
Hot Water	<input type="checkbox"/> O or <input type="checkbox"/> T			
Water	<input type="checkbox"/> O or <input type="checkbox"/> T			
Garbage	<input type="checkbox"/> O or <input type="checkbox"/> T			
Washer <input type="checkbox"/> Gas or <input type="checkbox"/> Electric	<input type="checkbox"/> O or <input type="checkbox"/> T			
Dryer <input type="checkbox"/> Gas or <input type="checkbox"/> Electric	<input type="checkbox"/> O or <input type="checkbox"/> T			
Refrigerator	<input type="checkbox"/> O or <input type="checkbox"/> T			
Stove <input type="checkbox"/> Gas or <input type="checkbox"/> Electric	<input type="checkbox"/> O or <input type="checkbox"/> T			
Microwave	<input type="checkbox"/> O or <input type="checkbox"/> T			
Heating Type: <input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Space <input type="checkbox"/> Central				
Heating Source: <input type="checkbox"/> Gas <input type="checkbox"/> Electric A/C Type				

Tax Credit Subsidy (Attach Tax Credit Schedule)
✓ Type: <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)BMIR <input type="checkbox"/> Section 236

Signature Required	
Print Name	
Signature	Date

