



PO Box 2316
 Renton, WA 98056-0316
 425-226-1850
 Fax: 425-271-8319
 www.rentonhousing.org

LANDLORD RENT CHANGE REQUEST

Rent Increase/Decrease Form: Fax completed form to: 425-271-8319 or email HQS@rentonhousing.org

Rent Reasonableness Policy: Per Federal Regulation 24 CFR 982.507, the Renton Housing Authority will conduct a Rent Reasonable Test to determine if the rent, you are requesting, is reasonable. The rent charged for the Housing Choice Voucher Assisted unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

Landlord Name	Property Name	Phone	Email Address	Vendor # if available
Tenant Name	Tenant Address	Apt #	City and Zip	Tenant ID# if available

Current Contract Rent: _____ **Requested Contract Rent:** _____ **Effective Date:** _____

REASON FOR INCREASE: Lease Renewal Change of lease term Improvements/Upgrades
 Market increase Other, Reason: _____

Please list and describe any additional fees included in the rent: \$ _____

Note: Month to month fees must be included in total contract rent.

Of Bedrooms _____ **# Bathrooms** _____ **New Lease Terms:** **MTM** **3MO** **6MO** **12MO**
Other _____

Year Built: _____ **Building Type:** Single Family Detached Duplex/Triplex Rowhouse/Townhouse
 Manufactured High Rise Low Rise Condo Shared Housing

Please check which amenities are provided in the unit:

- Washer Dryer W/D Hook Ups Common Laundry Parking Weight Room
- Car port Deck/Patio Dishwasher Disposal Jacuzzi/hot tub
- Blinds/Drapes Storage Fan Sauna

Owners of 4 or more units in the same complex must complete the following section for most recently leased comparable unassisted units at the complex. (If you have less than 4 units on the premises, this section does not apply.) May attach rent roll.

Apartment # or Address	Date Rented	Rent Amount	# Bedrooms	# Baths

Please Note: This Rent Increase Request form **must be submitted at least sixty (60) days prior to the HAP Contract effective date** of the HCV Voucher rent increase. Late requests may result in a loss of subsidy payment. The Participant's share of the rent does not change unless an updated Rent Change Notice has been issued by RHA.

I, Owner/Agent, certify that the rent charged to RHA tenants is not more than the rent charged to my unassisted units that I own/manage at this property.

Owner/Agent Signature: _____ **Date :** _____

Tenant/Participant Certification:

I accept the above rent change amount for the unit for which I am currently occupying. I understand this increase may result in a higher tenant rental portion. I wish to continue Residency at this unit.

Tenant/Participant Certification: _____ **Date:** _____