



Partners in Housing  
Partners in Community

**Request for Contract Rent Increase Form**

A request for rent increase must comply with all the following requirements before the Raise Up can approve your request.

- No rent increases can occur during the first 12 months of a new contract.
- This form must be submitted no less than 60 days prior to the requested effective date.
- The amount of your request cannot exceed the rents for comparable unassisted units in the same neighborhood of your unit. Ref: 24 CFR 982.507(4)

Note to Landlord: A rent reasonableness test will be conducted. If the results of this test indicate that your current contract rent should be reduced, Raise Up is required to reduce the rent accordingly.

\_\_\_\_\_  
Initial (Landlord)

- If the increase is approved, you will be sent a rental change notice.
- Please complete the back of this form: Additional Unit Amenities Worksheet (page 2)

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Name of Tenant: \_\_\_\_\_

Address of Unit: \_\_\_\_\_

Current Contract Rent: \$ \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Proposed Rent Amount: \$ \_\_\_\_\_

Requested effective date (must be at least 60 days after date of notice to tenant and Raise Up): \_\_\_\_\_

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**Landlord:**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Resident:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### CONFIRMATION OF AMENITIES PROVIDED BY LANDLORD

Please check all applicable amenities, this list is used when determining reasonable rents for your area.

You are confirming the working condition of all listed amenities

Square Footage of Living Space:

Baths: ☐ 1 ☐ 1 ½ ☐ 2 ☐ 2 ½

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Basement/Attic       | <input type="checkbox"/> Business/Fitness Center           | <input type="checkbox"/> Cable/Internet Ready       |
| <input type="checkbox"/> Carpeting            | <input type="checkbox"/> Ceiling Fans                      | <input type="checkbox"/> Central Air                |
| <input type="checkbox"/> Ceramic Tile Floors  | <input type="checkbox"/> Deck/Balcony/Patio/Porch          | <input type="checkbox"/> Energy Efficient Cert Unit |
| <input type="checkbox"/> Clubhouse            | <input type="checkbox"/> Covered and/or Off-street Parking | <input type="checkbox"/> Handicap Accessible        |
| <input type="checkbox"/> Dishwasher           | <input type="checkbox"/> Elevator                          | <input type="checkbox"/> Modern Appliances          |
| <input type="checkbox"/> Fenced               | <input type="checkbox"/> Garage                            | <input type="checkbox"/> Range                      |
| <input type="checkbox"/> Hardwood Floors      | <input type="checkbox"/> Garbage Disposal                  | <input type="checkbox"/> Washer/Dryer Hookups       |
| <input type="checkbox"/> Laundry Facilities   | <input type="checkbox"/> Pool                              | <input type="checkbox"/> Yard Sprinkler System      |
| <input type="checkbox"/> Playground/Courts    | <input type="checkbox"/> Security System                   |   |
| <input type="checkbox"/> Refrigerator         | <input type="checkbox"/> Storage                           |   |
| <input type="checkbox"/> Window/Wall A/C Unit | <input type="checkbox"/> Working Fireplace                 |   |

Services Provided:

- ☐ Lawn Care ☐ Provided ☐ Pest Control Services ☐ Onsite Maintenance

### Utilities and Appliances

The Owner shall provide or pay for the utilities and appliances indicated below by an "O".

The HCV Client (Tenant) shall provide or pay for the utilities and appliances indicated below by a "T".

Unless otherwise specified below, the Owner shall pay for all utilities and appliances provided by the owner.

					Paid/Provided by:
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Oil/Coal	<input type="checkbox"/> Electric	
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Oil/Coal	<input type="checkbox"/> Electric	
Water Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Oil/Coal	<input type="checkbox"/> Electric	
Other Electric					
Water					
Sewer					
Trash Collection					
Air Conditioning					
Refrigerator					
Range or Microwave					
Other:					
Other:					

To the best of my knowledge, the information above is correct.

Owner's Signature

Date