



Request For Rent Increase

HCV Program

Date:
Resident Name:
Address:
Name of Community:

Bedroom Size	
Current Rent	\$
Proposed Rent	\$

Owner or Representative Signature

Date

Print Name:

Telephone:

If there is an increase, please provide a justification: (Rent Reasonableness and recent renovation must be considered.)

For Office Use Only

HAP recertification Date:

Housing Specialist Name: _____

Housing Specialist Recommendation: (Compliance and Rent Reasonableness): (Yes) (No)

Finance Signature: _____

Finance Approval (Funding): (Yes) (No)

Management Signature: _____

Management Approval: (Yes) (No)