



2900 NE 10<sup>th</sup> St/PO Box 2316  
 Renton, WA 98056-0316  
 425-226-1850 Ext. 220  
 FAX: 425-271-8319  
[www.rentonhousing.org](http://www.rentonhousing.org)

## LANDLORD RENT CHANGE REQUEST

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

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

**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 or RHA HCV Participants is not more than the rent charged to any unassisted units that I own/manage at this property.**

**Owner /Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner needs to provide proof of notification to the resident of the rental increase request.**