

LANDLORD RENT CHANGE REQUEST

Rent Increase/Decrease Form: Fax completed form to 425-271-8319 or email to receptionist@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 (HCV) 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 Code	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
 Carport 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.



Rent Reasonableness Amenities Data Sheet

PHA: _____

Staff Person Name: _____ Date Collected: _____

1. Comparable Data:

Street Address _____ Census No _____

City _____ State _____ Zip Code _____

Name of Owner/Agent _____

Phone Number (Day) _____ Phone Number (Evening) _____

2. Unit Type

Check	Dwelling type	Definition
	Single Family	One family unit.
	Duplex	Two units in one building with at least one unit being on one floor.
	Townhouse	Two or more attached units with each unit having two or more floors.
	Row House	A dwelling unit in a line of dwelling units attached at the side or rear by means of common walls. Unit is on one floor.
	Manufactured Homes/Mobile Homes	A house that is assembled in a factory.
	Garden/Walkup /Apartment Multifamily	Building has 2-4 stories and the unit is on one floor.
	High Rise	Building with five or more stories and the unit is on one floor.

3. Quality of Unit (Pursuant to HQS)

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
------------------------------------	-------------------------------	-------------------------------

4. Unit Size

<input type="checkbox"/> Large	<input type="checkbox"/> Medium	<input type="checkbox"/> Small	SQ. Footage
--------------------------------	---------------------------------	--------------------------------	-------------

5. Number of Bedrooms	6. Number of Bathrooms
------------------------------	-------------------------------

7. Age of Comparable

<input type="checkbox"/> 0-5 Years	<input type="checkbox"/> 6-20 Years	<input type="checkbox"/> 21-50 Years	<input type="checkbox"/> 50+ Years
---------------------------------------	--	---	---------------------------------------

8. Amenities

Owner Provided Amenities	
Check	Description
<input type="checkbox"/>	Dishwasher
<input type="checkbox"/>	Ceiling Fans
<input type="checkbox"/>	Central Air
<input type="checkbox"/>	Garbage Disposal
<input type="checkbox"/>	Covered Parking/Off Street Parking
<input type="checkbox"/>	Window/Wall AC
<input type="checkbox"/>	Washer/Dryer Hookups
<input type="checkbox"/>	Laundry Facilities
<input type="checkbox"/>	Working Fireplace
<input type="checkbox"/>	Carpeting
<input type="checkbox"/>	Refrigerator
<input type="checkbox"/>	Range
<input type="checkbox"/>	Cable/Internet Ready
<input type="checkbox"/>	Security System
<input type="checkbox"/>	Modern Appliances
<input type="checkbox"/>	Energy Efficient Certified Unit
<input type="checkbox"/>	Handicap Accessible
<input type="checkbox"/>	Basement/Attic
<input type="checkbox"/>	Business/Fitness Center
<input type="checkbox"/>	Deck/Balcony/Patio/Porch
<input type="checkbox"/>	Elevator
<input type="checkbox"/>	Garage
<input type="checkbox"/>	Playgrounds/Courts
<input type="checkbox"/>	Yard Sprinkler System
<input type="checkbox"/>	Pool
<input type="checkbox"/>	Fenced
<input type="checkbox"/>	Hardwood Floors
<input type="checkbox"/>	Clubhouse

<input type="checkbox"/>	Storage
<input type="checkbox"/>	Ceramic Tile Floor
<input type="checkbox"/>	Other:

9. Location

Check	Item
<input type="checkbox"/>	Exceptional Rental Area
<input type="checkbox"/>	High Rental Area
<input type="checkbox"/>	Medium Rental Area
<input type="checkbox"/>	Low Rental Area

10. Owner Paid Utilities

Check	Item
<input type="checkbox"/>	Heating
<input type="checkbox"/>	Cooking
<input type="checkbox"/>	Other Electric
<input type="checkbox"/>	Air Conditioning
<input type="checkbox"/>	Water Heating
<input type="checkbox"/>	Water
<input type="checkbox"/>	Sewer
<input type="checkbox"/>	Trash Collection
<input type="checkbox"/>	None

11. Monthly Rent \$ _____

12. Housing Services

Check	Item
<input type="checkbox"/>	Landlord Provides Service
<input type="checkbox"/>	No Service

13. Maintenance

Check	Item
<input type="checkbox"/>	On-site Maintenance
<input type="checkbox"/>	Off-site
<input type="checkbox"/>	Poor