

## LANDLORD RENT CHANGE REQUEST

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

- |  |                                       |   |                                   |  |
|--|---------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Washer Dryer  | <input type="checkbox"/> W/D Hook Ups | <input type="checkbox"/> Common Laundry | <input type="checkbox"/> Parking  | <input type="checkbox"/> Weight Room     |
| <input type="checkbox"/> Car port      | <input type="checkbox"/> Deck/Patio   | <input type="checkbox"/> Dishwasher     | <input type="checkbox"/> Disposal | <input type="checkbox"/> Jacuzzi/hot tub |
| <input type="checkbox"/> Blinds/Drapes | <input type="checkbox"/> Storage      | <input type="checkbox"/> Fan            | <input type="checkbox"/> 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) \_\_\_\_\_ (Evening) \_\_\_\_\_

### 2. Unit Type

Check	Dwelling type	Definition
<input type="checkbox"/>	Single Family	One family unit.
<input type="checkbox"/>	Duplex	Two units in one building with at least one unit being on one floor.
<input type="checkbox"/>	Townhouse	Two or more attached units with each unit having two or more floors.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Manufactured Homes/Mobile Homes	A house that is assembled in a factory.
<input type="checkbox"/>	Garden/Walkup /Apartment Multifamily	Building has 2-4 stories and the unit is on one floor.
<input type="checkbox"/>	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
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**4. Unit Size**

<input type="checkbox"/> Large	<input type="checkbox"/> Medium	<input type="checkbox"/> Small	SQ. Footage
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<b>5. Number of Bedrooms</b>	<b>6. Number of Bathrooms</b>
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**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
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**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"/>	Exception 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